

# Course Evaluation

**Course:** \_\_\_\_\_ **Dates of Course:** \_\_\_\_\_

**Lead Instructor:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

| Please provide comments as applicable for all questions.                | Strongly Disagree<br><b>1</b> | Disagree<br><b>2</b> | Neutral<br><b>3</b> | Agree<br><b>4</b> | Strongly Agree<br><b>5</b> |
|---|-------------------------------|----------------------|---------------------|-------------------|----------------------------|
| 1. The course was well organized.                                       |                               |                      |                     |                   |                            |
| Comments:   |                               |                      |                     |                   |                            |
| 2. The course met my educational needs and expectations.                | 1                             | 2                    | 3                   | 4                 | 5                          |
| Comments:   |                               |                      |                     |                   |                            |
| 3. The level of material presented was appropriate to my level of care. | 1                             | 2                    | 3                   | 4                 | 5                          |
| Comments:   |                               |                      |                     |                   |                            |
| 4. The lead instructor ran the course smoothly.                         | 1                             | 2                    | 3                   | 4                 | 5                          |
| Comments:   |                               |                      |                     |                   |                            |
| 5. The instructors were knowledgeable about the subject matter.         | 1                             | 2                    | 3                   | 4                 | 5                          |
| Comments:   |                               |                      |                     |                   |                            |
| 6. The skill instructors were knowledgeable and facilitated learning.   | 1                             | 2                    | 3                   | 4                 | 5                          |
| Comments:   |                               |                      |                     |                   |                            |
| 7. The skill stations and simulations were beneficial.                  | 1                             | 2                    | 3                   | 4                 | 5                          |
| Comments:   |                               |                      |                     |                   |                            |
| 8. Skill instruction was consistent with classroom instruction.         | 1                             | 2                    | 3                   | 4                 | 5                          |
| Comments:   |                               |                      |                     |                   |                            |
| 9. This course prepared me to function as an EMS provider.              | 1                             | 2                    | 3                   | 4                 | 5                          |
| Comments:   |                               |                      |                     |                   |                            |

| Please provide comments as applicable for all questions. | Strongly Disagree<br><b>1</b> | Disagree<br><b>2</b> | Neutral<br><b>3</b> | Agree<br><b>4</b> | Strongly Agree<br><b>5</b> |
|--|-------------------------------|----------------------|---------------------|-------------------|----------------------------|
| 10. I would recommend this course to others.             | 1                             | 2                    | 3                   | 4                 | 5                          |
| Comments:  |                               |                      |                     |                   |                            |
| 11. Overall evaluation clinical experience:              |                               |                      |                     |                   |                            |
| 12. Overall evaluation of field internship:              |                               |                      |                     |                   |                            |

**Please provide comments, as applicable, to the following aspects of the class.**

Instructor(s) (Please be specific):

Course materials (textbook, online resources):

Examinations:

The most positive aspect of this course was:

The least positive aspect of this course was:

List any additional comments or recommendations: