ECC Course Evaluation

Classroom Courses (Instructor Led)



Date Instructor(s)	
Training Center	Location
Please answer the following questions about your Instructor or Skills Evaluator. My Instructor or Skills Evaluator: 1. Provided instruction and help during my skills practice session	 3. I will respond in an emergency because of the skills I learned in this course. a. Yes b. No c. Not sure 4. I took this course to obtain professional education
 a. Yes b. No 2. Answered all of my questions before my skills tes a. Yes b. No 	credit or continuing education credit. a. Yes
3. Was professional and courteous to the studentsa. Yesb. No	Have you previously taken this course via another method, such as in a classroom or online? Which learning method do you prefer and why?
Please answer the following questions about the course content.	
1. The course learning objectives were clear.a. Yesb. No	
 The overall level of difficulty of the course was a. Too hard b. Too easy c. Appropriate 	Were there any strengths or weaknesses of the course that you would like to comment on?
3. The content was presented clearly.a. Yesb. No	
 4. The quality of videos and written materials was a. Excellent b. Good c. Fair d. Poor 	What would you like to see in future courses developed by the AHA?
5. The equipment was clean and in good working condition.a. Yesb. No	
Please answer the following questions about your skill mastery.	After Completing This Evaluation
1. The course prepared me to successfully pass the skills session.	Please return this evaluation to your Instructor before you leave the class.
a. Yesb. No2. I am confident I can use the skills the course	Alternatively, you can send the evaluation to your Instructor's Training Center. Ask your Instructor for the contact information.
taught me. a. Yes b. No	If you have significant problems or concerns with your course, please contact the AHA at 877-AHA-4CPR.

b. Noc. Not sure