



## Participant Evaluation Form

(To be completed by course director)

### Course / Participant Information

Date: \_\_\_\_\_ Course Sponsor: \_\_\_\_\_

Participant Name: \_\_\_\_\_

### Case Evaluations

#### Case 1 \_\_\_\_\_

1. Grasped the problem	Yes	No
2. Responded effectively		
a. Information	Yes	No
b. Maneuvers	Yes	No
3. Coordinated the team well	Yes	No

#### Case 2 \_\_\_\_\_

1. Grasped the problem	Yes	No
2. Responded effectively		
a. Information	Yes	No
b. Maneuvers	Yes	No
3. Coordinated the team well	Yes	No

**Case Testing:**  
**(Please circle one)**

**Pass**

**Fail**

If "Fail" is circled, course director must discuss with the participant. CME will be awarded with a Certificate of Completion, but no BLSO Wallet Card will be issued.

Comments: \_\_\_\_\_

\_\_\_\_\_

Course Director Signature \_\_\_\_\_

*This evaluation is designed to assist to evaluator in determining the Pass/Fail status of an individual. The Pass/Fail status will be transferred to the Participant and Faculty Form. Sponsor may keep on file. Please DO NOT submit this form to the BLSO Program Office.*

Thank you