

BLS COURSE EVALUATION FORM

DATE :	VENUE :
TIME :	PARTICIPANT'S NAME :

INSTRUCTIONS: Please take a moment to complete this evaluation of the course in which you just participated. We want to provide an excellent courses, and we value your opinion. Your comments will be used to make on going improvements in our program. Please refer to the rating scale provided below. Thank you for your participation.

Please complete the survey using following scale by (✓):

4 – Very Good 3- Good 2- Fair 1- Poor NA- Not Applicable

	1	2	3	4	NA
1. Hand out and book given was useful.					
2. Lecture from doctor and presentation was useful.					
3. Practical session was easy to understand					
3.1 Adult CPR					
3.2 Adult Chocking					
3.3 Child CPR					
3.4 Neonate CPR/ Chocking					
4. Refreshment.					
5. Venue					
6. The program met my expectations.	YES	or			NO
7. I am confident in my ability to perform CPR	YES	or			NO

INSTRUCTORS WAS KNOWLEDGEABLE, PREPARED AND USED EFFECTIVE TEACHING METHODS

	1	2	3	4	NA
NAME :					
Comments :				
NAME :					
Comments :				
NAME :					
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NAME :					
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NAME :					
Comments :				