

# LifeSavers

Training for Life™

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## Evaluation Form

Instructor Name: \_\_\_\_\_

Date of Course: \_\_\_\_\_

Type of Course: \_\_\_\_\_

### **Program comments:**

Did this course fulfill your expectations?

What did you like the best about this course?

What would have made this course even better than it was?

### **Instructor comments:**

How well did the instructor(s) know and demonstrate the AHA Basic First Aid material and standards? Did you receive adequate time and attention from the instructor(s) for questions, practice, testing, etc.?

What did you like about your instructor(s)?

What areas could the instructor(s) develop further on or improve upon?

**How would you overall rate this First Aid Course in comparison to courses taken with other companies? (circle)**

Not as good

About the same

Better

Best I've ever had!!!!

First Course I've ever taken

**Thank You for your comments!**