LifeSavers

Training for Life ™

Evaluation Form

Instructor Name: _____

Date of Course: _____

Course (circle course taught): Healthcare Provider Heartsaver CPR AED

Heartsaver First Aid CPR AED Heartsaver First Aid

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?

Did you receive adequate TIME & ATTENTION from the instructor(s) for questions, practice, testing, etc.?

What did you LIKE about your instructor(s)?

What areas could the instructor(s) IMPROVE upon?

How would you overall rate this CPR or 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!