American Heart Association Course

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?

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

What did you LIKE about your instructor(s)?

If you could change anything about your training experience - what would it be?

How would you overall rate this training in comparison with other companies? (circle)

Not as good Better Best I've ever had My very first class

Thank You for your comments!