

American Heart Association Course

Evaluation Form

Instructor Name: _____

Date of Course: _____

Course (taught): BLS Provider Heartsaver CPR AED Heartsaver First Aid

Heartsaver First Aid CPR AED Heartsaver **Pediatric** First Aid CPR AED

Did this course fulfill your EXPECTATIONS?

Did you feel the learning environment was safe, clean, and hygienic? Y or N

If No, please explain: _____

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

Did your Instructor use a feedback device on all of the adult manikins?
(measuring correct depth and rate for compressions) Y or N

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 previous training?

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

Thank You for your comments!