

ECC Course Evaluation

for ACLS, BLS for Healthcare Providers
and PALS Classroom Courses



Date _____ Instructor(s) _____

Training Center _____ Location _____

Please answer the following questions about your **Instructor**.

My Instructor:

1. Provided instruction and help during my skills practice session
 - a. Yes
 - b. No
2. Answered all of my questions before my skills test
 - a. Yes
 - b. No
3. Was professional and courteous to the students
 - a. Yes
 - b. No

3. I will respond in an emergency because of the skills I learned in this course.
 - a. Yes
 - b. No
 - c. Not sure
4. I took this course to obtain professional education credit or continuing education credit.
 - a. Yes
 - b. No

Please answer the following questions about the **course content**.

1. The course learning objectives were clear.
 - a. Yes
 - b. No
2. The overall level of difficulty of the course was
 - a. Too hard
 - b. Too easy
 - c. Appropriate
3. The content was presented clearly.
 - a. Yes
 - b. No
4. The quality of videos and written materials was
 - a. Excellent
 - b. Good
 - c. Fair
 - d. Poor
5. The equipment was clean and in good working condition.
 - a. Yes
 - b. No

Optional questions:

Have you previously taken this course via another method, such as in a classroom or online?
Which learning method do you prefer and why?

Were there any strengths or weaknesses of the course that you would like to comment on?

What would you like to see in future courses developed by the AHA?

Please answer the following questions about your **skill mastery**.

1. The course prepared me to successfully pass the skills session.
 - a. Yes
 - b. No
2. I am confident I can use the skills the course taught me.
 - a. Yes
 - b. No
 - c. Not sure

Upon completion:

Please email this form to

Instructor or Training Center

or mail to

American Heart Association
ECC Training Department
7272 Greenville Ave.
Dallas, TX 75231

Scan and email to: ecctraining@heart.org