

# American Heart Association Course

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## Evaluation Form

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

Date'bf'Course:''' \_\_\_\_\_

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

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

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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!**