



MUSC Community Training Center Course Evaluation

Community Training Center

Name of Course: _____

Course Date(s): _____ Course Location: _____

Length of Course: _____ Lead Instructor: _____

Are you a healthcare professional? _____ If yes, what are your credentials? _____

Please rate the following questions using the scale listed below:

- | | |
|-----------------------|--------------------|
| 1 – Strongly Disagree | 3 – Agree |
| 2 – Disagree | 4 – Strongly Agree |

Overall Course Evaluation

- | | |
|--|---------|
| 1. The course met the stated objectives. | 1 2 3 4 |
| 2. The course materials (book, handouts) were helpful. | 1 2 3 4 |
| 3. The method of presentation (group discussions, video, scenarios) enhanced my learning experience. | 1 2 3 4 |
| 4. There was enough skills practice time in class. | 1 2 3 4 |
| 5. The physical facilities were comfortable for learning. | 1 2 3 4 |
| 6. Equipment was available, clean and in good working order. | 1 2 3 4 |
| 7. Overall the course met my expectations. | 1 2 3 4 |
| 8. I would recommend this course to others. | 1 2 3 4 |

Are there any specific strengths or weaknesses of the course on which you would like to comment?

Instructor Evaluation

- | | |
|--|---------|
| 1. Instructor(s) were knowledgeable. | 1 2 3 4 |
| 2. Instructor(s) communicated effectively. | 1 2 3 4 |
| 3. Instructor(s) were friendly and helpful. | 1 2 3 4 |
| 4. Instructor(s) were able to answer questions well. | 1 2 3 4 |

Are there any specific strengths or weaknesses of the instructor(s) that you would like to recognize?

Please submit your comments to the Instructor at course end, or if you prefer, you can mail this form either directly to the Training Center and/or the Regional ECC Office (call 1-888-CPR-LINE for the address).

Thank you for your participation!

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