



Training Center
 2800 Tenth Avenue North
 PO Box 37000
 Billings, MT 59107-7000

**American Heart Association Emergency Cardiovascular Care Program
 HEARTSAVER FIRST AID COURSE EVALUATION**

DATE: _____ INSTRUCTOR(S): _____

Please rank the various parts of this course
 1=poor 2=below average 3=average 4=good 5=excellent

My expectations were met	1	2	3	4	5
Presentation of subject matter	1	2	3	4	5
Choice of activities (i.e. lecture, film, small groups, handouts)	1	2	3	4	5
Enough time for discussion	1	2	3	4	5
My questions were answered	1	2	3	4	5

What did you find most helpful? _____

What did you find least helpful? _____

Additional comments: _____

Topics I would like to hear more about: _____

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).