



# ECC Course Evaluation

BLS    Heartsaver    First Aid    CPR/AED

Date: \_\_\_\_\_ Instructors: \_\_\_\_\_

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Please answer the following questions about your Instructor or Skills Evaluator.

My Instructor or Skills Evaluator:

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 \_\_\_\_\_

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 \_\_\_\_\_

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 that I can use the skills I learned.
  - a. Yes \_\_\_\_\_
  - b. No \_\_\_\_\_
  - c. Not sure \_\_\_\_\_

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 \_\_\_\_\_

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 the future courses developed by the AHA?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### After Completing This Evaluation

Please return this evaluation to your Instructor before you leave the class.

If you have significant problems or concerns with your course, you can send the evaluation to your Instructor's Training Center:

We R CPR  
5959 Shallowford Rd.  
Suite 227  
Chattanooga, TN 37421  
Fax: 423-648-0530  
Ph: 423-553-0400  
[info@wercpr.com](mailto:info@wercpr.com)

Or Call AHA:  
877-AHA-4CPR