

South Carolina Department of Public Health EMS Section

Enclosure 05: EMT Course Evaluation

Lead Instructor (Name)_____

Course#_____

Part A Course Evaluation:

Please answer the following by placing a ✓ in the appropriate box. If you answer "No" to any question, please write an explanation in the space provided:

	Yes	No
Did class start on time	<input type="checkbox"/>	<input type="checkbox"/>
Did class end on time	<input type="checkbox"/>	<input type="checkbox"/>
Were there ample amounts of various equipment for all practical sessions	<input type="checkbox"/>	<input type="checkbox"/>
Was the classroom clean with adequate learning space	<input type="checkbox"/>	<input type="checkbox"/>
Was the training equipment working properly	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel the course prepared you to provide emergency care	<input type="checkbox"/>	<input type="checkbox"/>

Please provide your overall opinion of the course:

In what ways can this course be improved:

Additional comments concerning the course:

Part B Instructor Evaluation:

Please fill out one evaluation per instructor. If additional evaluations are needed, please reprint page 2 of this form until enough evaluations are provided.

Instructor Name:

Please mark 1-POOR, 2-FAIR, 3-AVERAGE, 4-GOOD, 5-EXCELLENT

1. Promote learning
2. Knowledge of subject matter
3. Creates atmosphere receptive to questions
4. Presents material in manner easy to understand

other comments:

Instructor Name:

Please mark 1-POOR, 2-FAIR, 3-AVERAGE, 4-GOOD, 5-EXCELLENT

5. Promote learning
6. Knowledge of subject matter
7. Creates atmosphere receptive to questions
8. Presents material in manner easy to understand

other comments:

Instructor Name:

Please mark 1-POOR, 2-FAIR, 3-AVERAGE, 4-GOOD, 5-EXCELLENT

9. Promote learning
10. Knowledge of subject matter
11. Creates atmosphere receptive to questions
12. Presents material in manner easy to understand

Other comments: