

STATE OF NEVADA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
EMERGENCY MEDICAL SYSTEMS

EMS COURSE EVALUATION

COURSE TITLE _____ LOCATION _____
COURSE NUMBER: _____ DATE _____
COURSE COORDINATOR _____

DIRECTIONS: On a scale of 1 (least liked) to 5 (most liked), please circle the number that best indicated your feelings regarding the following:

| | | | | | | |
|----|---|---|---|---|---|---|
| 1 | Relevance to your job | 1 | 2 | 3 | 4 | 5 |
| 2 | Effectiveness in meeting objectives | 1 | 2 | 3 | 4 | 5 |
| 3 | Effectiveness of coordinator | 1 | 2 | 3 | 4 | 5 |
| 4 | Effectiveness of overall instruction | 1 | 2 | 3 | 4 | 5 |
| 5 | Sufficient discussion during and/or following the presentations | 1 | 2 | 3 | 4 | 5 |
| 6 | Opportunities to participate | 1 | 2 | 3 | 4 | 5 |
| 7 | Audio-visual presentations | 1 | 2 | 3 | 4 | 5 |
| 8 | Organization of course | 1 | 2 | 3 | 4 | 5 |
| 9 | Your OWN participation | 1 | 2 | 3 | 4 | 5 |
| 10 | Rate the meeting facilities | 1 | 2 | 3 | 4 | 5 |

11 What did you like MOST about this course? _____

12 What did you like LEAST about this course? _____

13 What changes would you recommend? _____

14 Any other comments? (Please use reverse side if needed) _____

