



Central Shenandoah Emergency Medical Services Council

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Central Shenandoah Emergency Medical Services Council Course/Class Evaluation - Final

Date: _____ Course: _____ Instructor: _____

Instructions: Please take a moment to complete this evaluation of the course in which you participated. We want to provide excellent courses, and we value your opinion. Rate the following questions following the scale and provide comments whenever possible.

	Poor	Fair	Adequate	Good	Excellent	
1. How effective was the lead instructor?	1	2	3	4	5	
2. How effective were the guest instructors?	1	2	3	4	5	N/A
3. Was preparation and planning by the instructor evident? (organization of content and handouts)	1	2	3	4	5	
4. How effective was the instructor's presentation of the course material? (command of subject matter, delivery, self-presentation, ability to hold student attention)	1	2	3	4	5	
5. Did the instructor encourage student participation and feedback?	1	2	3	4	5	

Comments: _____

6. Was the classroom environment suitable? (freedom from distractions, room temperature, ability to see/hear adequately)	1	2	3	4	5	
7. Was the textbook helpful?	1	2	3	4	5	N/A
8. Was the written material helpful? (handouts, note guides)	1	2	3	4	5	N/A
9. Were the audiovisuals helpful? (PowerPoint, video tapes, overheads)	1	2	3	4	5	N/A

Comments: _____

10. Were lab sessions (practicals) adequate? (time allotted, materials, evaluators,	1	2	3	4	5	N/A
11. Were clinical sessions adequate?	1	2	3	4	5	N/A
12. Were the field internship sessions adequate?	1	2	3	4	5	N/A

Comments: _____

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