

ACLS Classroom Course Evaluation



Date _____ Instructor(s) _____

Training Center _____ Location _____

Please answer the following questions about your **Instructor**.

My Instructor:

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 I can use the skills the course taught me.
 - 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 future courses developed by the AHA?

After Completing This Evaluation

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

Alternatively, you can send the evaluation to your Instructor's Training Center. Ask your Instructor for the contact information.

If you have significant problems or concerns with your course, please contact the AHA at 877-AHA-4CPR.