

Evaluation Form for VTEMSD#3 Courses Date: ___/___/___

The following questions provide for quality improvement of district approved courses. Your time is appreciated and honest replies will help with future planning. Please circle one of the following courses:

First Responder EMT-B EMT-I EMT-Refresher Other: _____

For each of the following questions please circle a number where:

1 = No 2 = Rarely 3 = Sometimes 4 = Most of the time 5 = Always

Course Content/Process:

- | | |
|---|-------------------|
| 1. Have the program objectives been clear and realistic?
Comments/Suggestions: | 1 2 3 4 5 |
| 2. Have you been learning what you expected to learn?
Comments/Suggestions: | 1 2 3 4 5 |
| 3. Has the material presented been relevant and valuable to you?
Comments/Suggestions: | 1 2 3 4 5 |
| 4. Has the material been presented at an appropriate pace?
Comments/Suggestions: | 1 2 3 4 5 |
| 5. Do you feel you have been given adequate opportunities to participate in either class discussions or skill practice sessions?
Comments/Suggestions: | 1 2 3 4 5 |
| 6. Have you found the instructional materials used (audio-visuals, text, handouts) to have enhanced the learning process?
Comments/suggestions: | 1 2 3 4 5 |
| 7. If applicable, do you feel that the course is providing enough time to practice skills?
Comments/Suggestions: | 1 2 3 4 5 |

Instructional Personnel:

- | | |
|---|-------------------|
| 8. Are the presenters well prepared?
Comments/Suggestions: | 1 2 3 4 5 |
| 9. Do you find the presenters to have expert knowledge in the content?
Comments/Suggestions: | 1 2 3 4 5 |

(Continued on other side)

10. Do the presenters provide you with adequate assistance in learning the material? 1 2 3 4 5
Comments/Suggestions:
11. Are the practical instructors knowledgeable with the skills? 1 2 3 4 5
Comments/Suggestions:
12. Do the practical instructors provide you with adequate assistance in learning skills? 1 2 3 4 5
Comments/Suggestions:
13. Do you find the course coordinator(s) to be available for questions? 1 2 3 4 5
Comments/Suggestions:

Overall Program:

14. Do you feel the timing of the course to be adequate (start & stop times, breaks)? 1 2 3 4 5
Comments/Suggestions
15. Do you find the facilities to be well suited for the course? 1 2 3 4 5
Comments/Suggestions:
16. Are you able to apply what you have learned to your EMS work outside of class? 1 2 3 4 5
Comments/Suggestions:
17. EMT B and I Only: Do you find the clinical observation experience helpful? 1 2 3 4 5
Comments/Suggestions:

General Comments:

Major course strengths:

Suggestions for course improvement:

Thank You for Your Help!