

Lima Memorial Health Systems
EMS Continuing Education
Course Evaluation Sheet

Course: CODE:

Location:

Date:

Instructor:

To provide top quality programs at Lima Memorial Health Systems, we need your candid opinions and recommendations. Please help us by completing the following. Please provide additional comments if below average or "No" is circled.

| | | Poor | | Average | | Excellent |
|---|-----|-------------|---|----------------|---|------------------|
| The objectives of the course were met. | | 1 | 2 | 3 | 4 | 5 |
| The course was appropriate for my certification level. | | 1 | 2 | 3 | 4 | 5 |
| The content met my educational needs. | | 1 | 2 | 3 | 4 | 5 |
| The course was reasonable in length. | | 1 | 2 | 3 | 4 | 5 |
| The time in class was spent effectively. | | 1 | 2 | 3 | 4 | 5 |
| The equipment was appropriate for activities. | N/A | 1 | 2 | 3 | 4 | 5 |
| The handouts were appropriate and useful. | N/A | 1 | 2 | 3 | 4 | 5 |
| The audio visual materials were related to the course. | | 1 | 2 | 3 | 4 | 5 |
| The classroom facilities were appropriate. | | 1 | 2 | 3 | 4 | 5 |
| The instructor was prepared for the course. | | 1 | 2 | 3 | 4 | 5 |
| The instructor was knowledgeable in the subject area. | | 1 | 2 | 3 | 4 | 5 |
| The instructor showed an ability to teach the subject matter. | | 1 | 2 | 3 | 4 | 5 |

Comments:
