



EMS EDUCATION INC.

RATE OUR PROGRAM COURSE & INSTRUCTOR EVALUATION FORM

This form is for use by persons who have participated in any program offered by EMS Education Inc. Your input is an essential aspect of EMS Education's Inc. ongoing quality assurance effort and will be used to improve the quality of instruction, instructional materials / equipment and customer service. Please complete this form and return it to the Instructor or mail to P.O. BOX 218, Blue Ball Pa, 17506. Please feel free to contact us for any reason at our toll free number 800-338-0959. All information provided will be treated confidentially. Thank you for your help!

Name of Course Completed: _____

Date of Course Completed: _____

Name of Training Center Offering Course: **EMS Education Inc. P.O. Box 218 Blue Ball Pa. 17506 800-338-0959. Website www.emseducation.org**

Name(s) of Training Center Teaching Staff: _____

Please rate the following elements (☒ 5 = excellent)	5	4	3	2	1
Program Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization, Pace, And Flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Too Basic, Not Too Complex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase Your Individual Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased Your Confidence & Ability To Take Action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training Center Teaching Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subject Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiastic, Friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sincere, Considerate, Helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did You Enjoy The Lecture Style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organized, Effective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lecture Time Appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audiovisual Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practical Stations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skills Stations Enough Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment Supplied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your Overall Score For The Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What did you like most about this course?

What did you like least about this course?

Would you recommend this Course to others?

Yes

No

OPTIONAL CONTACT INFORMATION (PLEASE PRINT)

Name: _____

Your E-mail address _____

Home Phone _____

Employer _____

Work Phone _____

Work address _____

City _____

State _____

Zip Code _____

We welcome your comments and suggestions and will use them to improve our programs. Please add additional comments here if necessary.

Thank you for taking the time to care and for your continual support!

RELEASE OF COMMENTS

The undersigned, intending to be legally bound, hereby authorizes EMS Education Inc. and all of its subsidiaries and affiliates, their agents and associates to use for any lawful purpose, including illustration, advertising and publication in any manner, written comments of the undersigned shown above. The undersigned hereby irrevocably consents to the unrestricted, repetitive use of such testimonials and waives the right to inspect or approve any finished product or advertising copy that may be used in connection therewith.

Print your name: _____

Your Signature: _____

Date: _____

Witness's Signature: _____