

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
DIVISION OF EMERGENCY MEDICAL SERVICES SYSTEMS**

**STUDENT CLASS EVALUATION**

PLEASE TYPE OR PRINT ALL INFORMATION

Class Number: 

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Location: \_\_\_\_\_ Date: \_\_\_\_\_ Topic: \_\_\_\_\_  
Lead Instructor: \_\_\_\_\_

Please use this scale to rate the following:

4=Strongly Agree      3=Agree      2=Disagree      1=Strongly Disagree

USING THE ABOVE RATING SCALE, PLEASE RATE THE FOLLOWING	RATING
1. Upon completion of this class I am better able to:	-----
2. The content presented during the class was relevant to the objectives being taught.	
3. The teaching methods used by the instructor were effective.	
4. I would recommend this speaker for future programs.	
5. I would recommend this seminar to my colleagues.	

Please use this scale to rate the following:

5=Excellent      4=Very Good      3=Good      2=Fair      1=Poor

The overall program \_\_\_\_\_

The teaching effectiveness of the instructor. \_\_\_\_\_

The use of audiovisual aids (overheads, slides, writing boards, etc.). \_\_\_\_\_

Time for questions and answers was adequate. \_\_\_\_\_

The facility was appropriate and comfortable. \_\_\_\_\_

We welcome any comments or suggestions you have to offer: