

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

CLASS EVALUATION SUMMARY

PLEASE TYPE OR PRINT CLEARLY

Class Number:

		-					-							
--	--	---	--	--	--	--	---	--	--	--	--	--	--	--

Sponsor Name: _____ Sponsor Number: _____

Instructional Quality

Instructional Staff:

Time Appropriately Used:

Learning Environment

Classroom/Training Site:

Equipment/AV:

Miscellaneous Remarks

ROUTING:
 Sponsor
 Regional EMS Council

CLASS EVALUATION SUMMARY INSTRUCTIONS
--

Please type or print all information. Class Evaluation Summaries received that are unreadable will be returned.

Class Number: Place the class number assigned by the regional EMS council that approved the class in this space.

Sponsor Name: Identify the continuing education sponsor's name in this space.

Sponsor Number: The continuing education sponsor's number is identified in this space.

Instructional Quality: Summarize the comments received on instructional quality in the space provided. Include comments relating to the instructional staff and appropriate use of time.

Learning Environment: Summarize the comments received on the learning environment in the space provided. Include comments relating to the classroom/training site and the use of audio visuals/equipment.

Miscellaneous Remarks: Summarize any other comments in this section.

This form is submitted with the Continuing Education Class Roster (Appendix D) and Continuing Education Completion Forms (Appendix F) to the regional EMS council that issued the class number.