

Ohio Emergency Medical Technician Instructor's Association Evaluation Form

We would appreciate your responses to the following questions. Please use the following scale.

1 = Above Average 2 = Average 3 = Below Average

Course Title: _____ **Location:** _____ **Date:** _____

Course Summary Evaluation:

- | | | | |
|---|---|---|---|
| 1. How well organized was the entire program? | 1 | 2 | 3 |
| 2. To what extent did the program meet your needs? | 1 | 2 | 3 |
| 3. Did the program meet the course objectives? | 1 | 2 | 3 |
| 4. What is your overall evaluation of the program? | 1 | 2 | 3 |
| 5. In general, how appropriate were the program handouts? | 1 | 2 | 3 |
| 6. In general, how appropriate were the audiovisuals? | 1 | 2 | 3 |
| 7. In general, was the level of the material presented appropriate to your level of care? | 1 | 2 | 3 |
| 8. To what extent will the information presented be of value to you? | 1 | 2 | 3 |
| 9. Do you feel that your application of practical skills has improved as a result of this course? | 1 | 2 | 3 |

10. What was the best or most helpful part of the program for you?

11. What was the worst or least helpful part of the program for you?

12. Would you recommend this conference to others? Yes___ No___

13. General Comments/Topic Suggestion for the next conference. (Please use back of form)

Thank you for your time and comments. They are greatly appreciated.