

**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:

STUDENT CLASS EVALUATION INSTRUCTIONS
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1. This Student Class Evaluation is a sample only. Continuing Education Sponsors may use any student evaluation form they feel is most appropriate.
2. Use the Student Class Evaluation forms to complete the Class Evaluation Summary (Appendix E).
3. All Student Class Evaluations must be kept on file by the sponsor for five (5) years. Do not submit these to the regional EMS council with the class paperwork.