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**CPR, FIRST-AID, ACLS & PALS TRAINING**  
**770-573-2448**

Name of Instructor(s) \_\_\_\_\_

Name of Instructor(s) \_\_\_\_\_

Name of Course \_\_\_\_\_ Course Date \_\_\_\_\_

Please rate your experience based upon the following scale where  
1 = Strongly Disagree, or Poor; 2 = Disagree, 3 = Neutral 4 = Agree,  
5 = Strongly Agree, or Exceptional

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| The course objectives were clearly stated and met during this course     | 1 | 2 | 3 | 4 | 5 |
| The American Heart Association course textbook was made available to you | 1 | 2 | 3 | 4 | 5 |
| The classroom was appropriate and conducive towards learning             | 1 | 2 | 3 | 4 | 5 |
| The Instructor(s) presented the material with knowledge and clarity      | 1 | 2 | 3 | 4 | 5 |
| The class time allowed adequate time for skills practice                 | 1 | 2 | 3 | 4 | 5 |
| The Instructor(s) provided appropriate and helpful feedback              | 1 | 2 | 3 | 4 | 5 |
| I would recommend the Instructor(s) to my friends and colleagues         | 1 | 2 | 3 | 4 | 5 |
| The manikins and other equipment was clean and in good repair            | 1 | 2 | 3 | 4 | 5 |
| This course met your expectations  | 1 | 2 | 3 | 4 | 5 |

Please use this space to comment on any strengths or weaknesses relating to this course.

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