



- 11. I would recommend this course to my colleagues. 1 2 3 4 5
- 12. The program was presented at an appropriate pace conducive to learning. 1 2 3 4 5
- 13. Instructors presented the material with knowledge and clarity. 1 2 3 4 5
- 14. Instructors provided adequate and helpful feedback 1 2 3 4 5

Please rate the instructor's overall effectiveness: 1 ----- 2 ----- 3 ----- 4 ----- 5  
**Poor Fair Satisfactory Good Excellent**

Instructor and Topic	1	2	3	4	5	Comments

**Please use this space to make any additional comments:**

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**Were there any specific strengths or weaknesses of the program that you would like to comment on?**

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**(Optional)**

**If you would like feedback on your comments, please fill out the following:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**Signature (required if any action is being requested)** \_\_\_\_\_

Please submit your comments to the Instructor at course end, or if you prefer, you can mail this form either directly to the Training Center and/or the Regional ECC Office (call 1-888-CPR-LINE for the address).

*Thank you for your participation!*