

**Pierce County EMS
Paramedic Airway Management Course**

PARTICIPANT COURSE EVALUATION

Your Name (optional): _____

Date of Course: _____

Course Coordinator: _____

Course Medical Director: _____

Please take the time to fill out the course evaluation, ranking the various parts of the class on a scale from **5 (Excellent)** to **1 (Poor)**. Your comments will help us improve the quality of the courses in the future.

	Excellent				Poor	
1. Were the course objectives clear to you?	5	4	3	2	1	N/A
2. Did the content of the course meet your needs?	5	4	3	2	1	N/A
3. Were the instructors enthusiastic, knowledgeable and well prepared for the course?	5	4	3	2	1	N/A
4. Was the presentation of materials and information well-organized and clear?	5	4	3	2	1	N/A
5. Were audio-visual materials and class handouts appropriate and useful?	5	4	3	2	1	N/A
6. Were the pre-course handouts & pre-test useful?	5	4	3	2	1	N/A
7. Were questions answered appropriately?	5	4	3	2	1	N/A
7. Were the skills stations and scenarios valuable for you?	5	4	3	2	1	N/A
8. Would you recommend this course to your co-workers?	5	4	3	2	1	N/A
9. Would you take a similar course on the same topic?	5	4	3	2	1	N/A
10. What was your overall satisfaction level with this course?	5	4	3	2	1	N/A

What did you like most about this course?
Was there anything you disliked about this course?
What would you like to see added to the course, or emphasized more in upcoming airway refresher programs?
Do you have suggestions for future EMS education and training topics?
General Comments:

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