

PARTICIPANT TRAINING EVALUATION

Course Title: Working with EMS Providers

Date:

Sponsored By:

Student Name (Optional)

To the participant:

Please complete the following evaluation at the conclusion of the program. Your comments are necessary to assist us in offering the best continuing education programs possible in the future.

Use the following rating scale: 5 – strongly agree, 4 – agree, 3 – neither agree nor disagree, 2 – disagree, 1 – disagree strongly
Circle N/A if the topic is not applicable to you.

Program Content

Topic	Rating						Comment:
The stated goals and objectives of the course were met	5	4	3	2	1	N/A	
The topics were covered in sufficient detail	5	4	3	2	1	N/A	
The topics covered in this course will improve my social work practice	5	4	3	2	1	N/A	
Content was well-organized and informative	5	4	3	2	1	N/A	

Instruction/Final Exam

Orientation was thorough and clear	5	4	3	2	1	N/A	
Completion requirements were clearly stated	5	4	3	2	1	N/A	
Exam assessed stated learning objectives	5	4	3	2	1	N/A	
Exam was graded promptly	5	4	3	2	1	N/A	
The course presentation style was effective	5	4	3	2	1	N/A	

COURSE MATERIALS/CUSTOMER SERVICE

Satisfied with format of the course	5	4	3	2	1	N/A	
Satisfied with overall learning experience	5	4	3	2	1	N/A	
Sponsor was well organized and responsive to participant needs (customer service, registration, certificates, etc.)	5	4	3	2	1	N/A	
I would recommend this course to others	5	4	3	2	1	N/A	