

SENECA COUNTY EMS
EMS Continuing Education Program
Continuing Education Course Evaluation Form

Name of Course: _____ SCEMS Course Number: _____

Date of Course: _____ Instructors Name: _____

Your Name (Optional): _____

Ohio EMS Certification Level: ___ EMR ___ EMT ___ AEMT ___ Paramedic

Nationally Registered: ___ Yes ___ No

It is our objective to present a useful and effective training course to Seneca County EMS providers. Please evaluate your experiences using the following rating scale. Do not feel bound to limit your remarks to the questions on this form.

	<u>Disagree</u>			<u>Agree</u>		
1. The course was appropriate for my certification level?	1	2	3	4	5	
2. The content met my educational needs?	1	2	3	4	5	
3. The course was reasonable in length?	1	2	3	4	5	
4. The time in class was spent effectively?	1	2	3	4	5	
5. The equipment was appropriate for activities?	N/A	1	2	3	4	5
6. The handouts were appropriate and useful?	N/A	1	2	3	4	5
7. The A/V materials were related to the course?	N/A	1	2	3	4	5
8. The classroom facilities were appropriate?	1	2	3	4	5	
9. The instructor was prepared for the course?	1	2	3	4	5	
10. The instructor was knowledgeable in the subject area?	1	2	3	4	5	
11. The instructor showed skill to teach the subject matter?	1	2	3	4	5	
12. Do you have any suggestions for future EMS CE courses?	_____					

Comment on the CE Course: _____
