

	6002	Course Evaluation Form
Nor-Cal EMS Policy & Procedure Manual	Training	
Effective Date: 11/12/2020	Next Revision: 11/12/2023	
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR	SIGNATURE ON FILE	

Date: _____ Course Title: _____

Instructor: _____

Please answer the following statements by circling the appropriate number.

	Strongly Disagree	Disagree	Agree	Agree Strongly
1. The course met the stated objectives.	1	2	3	4
2. The instructors exhibited mastery of their subjects.	1	2	3	4
3. The teaching methods utilized were appropriate.	1	2	3	4
4. The space, lighting, and acoustics were adequate.	1	2	3	4
5. The handouts and/or audio visuals were useful.	1	2	3	4
6. The information presented will be helpful in my work setting.	1	2	3	4