



Training Course Evaluation

Instructor: _____ Date: _____ Time: _____

Program title: _____ Location: _____

Facility information

Did the training location offer the appropriate amenities needed for a course of this length? Yes No N/A

Did the training location have appropriate instructional equipment for all participants to see and hear material presented? Yes No N/A

Was there enough training equipment available for effective hands-on/practical training? Yes No N/A

Instruction information

Were objectives of the course identified at the beginning? Yes No N/A

	Least				Most
Was the instructor knowledgeable about the topic they were presenting?	1	2	3	4	5

Did the instructor focus on the objectives of the course?	1	2	3	4	5
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Was the instructor able to respond to questions from class members?	1	2	3	4	5
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Was the content appropriate for the audience?	1	2	3	4	5
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Were the teaching methods effective for the content being covered?	1	2	3	4	5
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At the end of the course, were you able to meet all the objectives of the course? Yes No N/A

What teaching methods were used? Please list:

Please list trainings you would like to see offered in the MMC EMS System Continuing Education schedule.

If you wish to be contacted by the EMS coordinator regarding this training, please leave your contact number or contact the EMS office directly at 217-788-3973.