LOS ANGELES COUNTY EMERGENCY MEDICAL SERVICES AGENCY
COURSE EVALUATION

TOPIC: MULTIPLE CASUALTY INCIDENTS

NAME:_____ DATE:_____

LICENSE/CERTIFICATION #: _____ ACCREDITATION #:_____

Instructor Evaluation:

Name of Instructor(s): _____

Circle the number that best represents your opinion

Evaluation Factor	Strongly Agree	Agree	Disagree	Strongly Disagree
The information was presented in a clear and understandable manner	4	3	2	1
The instructor demonstrated a strong working knowledge of the material	4	3	2	1
The instructor maintained a professional environment	4	3	2	1
The instructor was effective and facilitated my learning experience	4	3	2	1

Course Evaluation:

Circle the number that best represents your opinion

Evaluation Factor	Strongly Agree	Agree	Disagree	Strongly Disagree
This course met the stated objectives	4	3	2	1
This course was relevant and met my professional needs	4	3	2	1
The handouts and/or audiovisual aids were appropriate	4	3	2	1
The teaching method(s) were appropriate	4	3	2	1
The facility, space lighting and acoustics were adequate	4	3	2	1
Overall presentation time was:	Too short	Just right	To long	

List two things that you have learned in this course:

   A.

   B.

Please identify the strengths of this course:

Recommendations for improvement of this course:

Additional comments: