

PRESENTATION EVALUATION

Alternate Staffing For Interfacility Transports
ALS 1:1 Training Program

Name: _____

Date: _____

State License #: _____

County #: _____

Please evaluate this program by circling the number that best reflects your view of the following statements.

4 = Strongly Agree 3 = Agree 2 = Disagree 1 = Strongly Disagree

					Comments
The program met the stated objectives	4	3	2	1	
The program was well organized	4	3	2	1	
The program met my needs	4	3	2	1	
The instructor(s) presented the material in a logical, organized manner.	4	3	2	1	
The instructor(s) presented concepts at the level appropriate for the audience.	4	3	2	1	
The instructor(s) encouraged student participation.	4	3	2	1	
The instructor(s) displayed knowledge of the subject.	4	3	2	1	
The instructor(s) displayed enthusiasm and professionalism.	4	3	2	1	
The instructor(s) used appropriate AV aids effectively.	4	3	2	1	
The meeting room was adequate.	4	3	2	1	

Additional Comments: