

Pee Dee Regional Community Training Center Answer Sheet

Please PRINT clearly. CPR Cards are typed as written:

<u>Date:</u>		<u>Location:</u>	
<u>Last Name:</u>		<u>First Name:</u>	
<u>Mailing Address:</u>			
<u>City/State/Zip:</u>		<u>Occupation:</u>	
Have you ever taken CPR before?	Yes	No	<u>Phone:</u>

Written Test Results: _____

Course Evaluation:

1.	A	B	C	D
2.	A	B	C	D
3.	A	B	C	D
4.	A	B	C	D
5.	A	B	C	D
6.	A	B	C	D
7.	A	B	C	D
8.	A	B	C	D
9.	A	B	C	D
10.	A	B	C	D
11.	A	B	C	D
12.	A	B	C	D
13.	A	B	C	D
14.	A	B	C	D
15.	A	B	C	D
16.	A	B	C	D
17.	A	B	C	D
18.	A	B	C	D
19.	A	B	C	D
20.	A	B	C	D
21.	A	B	C	D
22.	A	B	C	D
23.	A	B	C	D
24.	A	B	C	D
25.	A	B	C	D

Ratings: 5 = Excellent, 4 = Good, 3 = Average, 2 = Fair, 1 = Poor

General Course Content:					
	5	4	3	2	1
Overall opinion of the class:					
Were your individual needs met?					
Fulfillment of your employment requirements (if applicable)?					
Was the training adequate?					
Could you give emergency care?					
Equipment clean and in good working order?					
Instructor:					
	5	4	3	2	1
Material presented in an understandable manner?					
Instructor's knowledge of the subject matter?					
Hand-outs, illustrations, and/or examples:					
Promoted learning & encouraged questions and comments?					
Course organization, pace & flow:					
Suggestions for improvement:					
Things we did well:					

Student Signature: _____

Date: _____

If you have a complaint or feel that this course was not taught in accordance to American Heart Association guidelines, please write to us:
 Pee Dee Regional CTC, P.O. Box 808, Florence, SC 29503-0808.