



**Course Evaluation Form**

*Students - Please submit directly to:*

SD DOH - EMS Program  
 909 E. St. Patrick St., Suite 4  
 Rapid City, SD 57701  
 Fax: 605-394-1677 or E-mail:  
 Lance.lversen@state.sd.us

Course Location: \_\_\_\_\_ Course #: \_\_\_\_\_

Your Name (not required): \_\_\_\_\_

I would recommend this course to a friend (please circle one):    No                      Yes                      Maybe

This course has met my expectations (please circle one):

**Not at all                      Just barely                      Definitely                      Beyond my expectations**

The following questions are presented in order to evaluate this course and to aid in improving future courses. Please circle one of the numbers for each question.

	<b>1 Excellent</b>	<b>2 Good</b>	<b>3 Average</b>	<b>4 Poor</b>
Instructor(s) enthusiasm, attitude, interest & availability:	1	2	3	4
Training Methods (use of time, didactic, hands-on training):	1	2	3	4
Education Literature (textbooks, workbooks, online training):	1	2	3	4
Audiovisual Aids (Power Point, videos):	1	2	3	4
Training Aids (availability, use, labs):	1	2	3	4
Written & Practical Examinations (understandable/useful):	1	2	3	4
Length of Course (too short, too long, too fast, too slow):	1	2	3	4
Your Overall Evaluation of the Course:	1	2	3	4

Comments/Recommendations (use back if needed):

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