Maine EMS CEH Evaluation

Name of Program: _____ **Site:**_____

Date: _____ **Starting Time**_____ **Ending Time:**_____

Students participating in an approved EMS or EMD CEH program must have the opportunity to evaluate the program in order to ensure that the goals of the program have been met and program sponsor has met the needs of the students. Please fill out this evaluation form and make any comments necessary.

Ratings are:
1=Poor (Goals aren't met or are ineffective)
2=Fair (Is acceptable, but could be improved)
3=Average (Meets the goals of the program)
4=Good (Is useful and meets the goals of the program)
5=Excellent (Is useful and exceeds expectations of goals of program)

Instructor Quality	**1**	**2**	**3**	**4**	**5**
Visual Aides	**1**	**2**	**3**	**4**	**5**
Handout Materials	**1**	**2**	**3**	**4**	**5**
Subject Material/Topics	**1**	**2**	**3**	**4**	**5**
Facilities	**1**	**2**	**3**	**4**	**5**

1. Do you feel that the material presented to you was useful? **Yes** **No**

2. Are there any changes to the program that you would recommend? **Yes** **No**
If so, explain_____
_____
_____

3. Were your questions answered effectively? **Yes** **No**

4. Any unresolved issues with the topic discussed? **Yes** **No**
If so, explain_____
_____
_____

5. Would you recommend other providers take this program in the future? **Yes** **No**
Comments:_____
_____
_____

(Optional) Name:_____ **Signature:**_____