



# AMERICAN TRAUMA EVENT MANAGEMENT

## Class Evaluation Form For LifeSafe Services

Lead Instructor: _____	Course Date: _____
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Company Name: _____	Student Name: _____
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Circle Training Class(es) taken:                      ACPR      PCPR      AED      BBP      EFA      SFA      EO2

1. The class length was appropriate	Yes	No	N/A
2. The instructor was:	Yes	No	N/A
Knowledgeable	Yes	No	N/A
Well organized	Yes	No	N/A
Kept participants involved	Yes	No	N/A
Noted student's skill errors and corrected	Yes	No	N/A
Provided good demonstrations	Yes	No	N/A
Held my attention	Yes	No	N/A
3. A one to one manikin ratio was utilized	Yes	No	N/A
4. The video was informative	Yes	No	N/A
5. An oxygen unit was demonstrated during the class	Yes	No	N/A
6. An AED was used during AED training	Yes	No	N/A
7. Universal Precaution practice was implemented	Yes	No	N/A
8. Bandaging and splinting techniques were taught for FA	Yes	No	N/A
9. The book was helpful	Yes	No	N/A
10. The class met my expectations	Yes	No	N/A

Additional Comments: _____
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