



CSC Course Evaluation

Location: _____

Date: ___ / ___ / ___

We are always interested in your opinion of our courses, please let us know how satisfied you are in regard to:

Category	N/A	Satisfaction				
		Very Satisfied	Satisfied	Average	Below Average	Not at All
Relevancy of Material		5	4	3	2	1
Completeness of Coverage		5	4	3	2	1
Visual Aid(s)		5	4	3	2	1
Maintaining Interest		5	4	3	2	1
Expertise of Instructor(s)		5	4	3	2	1
Increasing Safety Awareness		5	4	3	2	1
Classroom Facilities		5	4	3	2	1
Length of Course		5	4	3	2	1
Level of Instruction		5	4	3	2	1

Please comment: _____

How did you find out about our courses? _____

What subject of this course was applicable to your work or home?

What specific recommendations would you make for improvement?

Do you know any organization that would be interested in taking CPR or First Aid courses?

Name of Organization: _____ Contact: _____

Address: _____

City, State, Zip: _____ Phone: _____

Do you know any organization that would be interested in purchasing an Automated External Defibrillator?

Name of Organization: _____ Contact: _____

Address: _____

City, State, Zip: _____ Phone: _____

“Thank You” for your interest in our programs
Please return this sheet to your instructor at the end of the program.

Your name (Optional): _____