



# Interior Region EMS Council Course/Instructor Evaluation Form

Student Name (Optional) \_\_\_\_\_

Course Name \_\_\_\_\_

Instructor \_\_\_\_\_

Course Location \_\_\_\_\_

What did you like most about this class? \_\_\_\_\_

What did you like least about this class? \_\_\_\_\_

Was the class ever let out early? Y N If yes, how often and how early? \_\_\_\_\_

Were any classes cancelled and not made up? Y N If yes, how many? \_\_\_\_\_

Did the instructor use any substitutes? Y N If yes, how often? \_\_\_\_\_

While using Teaching Assistants, did the instructor actively participate in the practical sessions? Y N

**Please rate each question below on a scale from 1 through 5 with 1 being poor and 5 being excellent.**

1. Teaching methods utilized were effective. \_\_\_\_\_

2. Sufficient instructional materials were available (i.e. textbooks, equipment, supplies). \_\_\_\_\_

3. Practical sessions were coordinated with class discussions and lectures. \_\_\_\_\_

4. Length of practical sessions was appropriate to learn hands-on skills. \_\_\_\_\_

5. Instructor was available for conferences as needed. \_\_\_\_\_

6. Classroom space was adequate and comfortable. \_\_\_\_\_

7. Instructor was considerate and respectful of student's needs. \_\_\_\_\_

Additional comments may be made on the back of this form