

Northeast Maine CEH Evaluation

Name of Program: _____

Program I.D. #: _____
 Program I.D. #: _____
 Program I.D. #: _____
 Program I.D. #: _____

Primary Instructor: _____

Date: _____ Start Time: _____ End Time: _____

Each student participating in an approved Region 4 CEH program must have an opportunity to evaluate that program to provide information to the instructor, regional and state EMS staff about the quality of course offerings. Please complete this form care-fully and make any additional comments that you feel would be helpful. Every student receiving credit for CEH's must complete this form.

- Rating:** N/A = Not Applicable
- 1. = **Poor** (Goals are not met or presentation was 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** (exceeds expectations and goals of the program)

1.	Instructor Organization/Quality	N/A	1	2	3	4	5
2.	Visual Aides/Handouts	N/A	1	2	3	4	5
3.	Ability of Instructor to answer participants questions	N/A	1	2	3	4	5
4.	Adequate amount of time allowed to cover material	N/A	1	2	3	4	5
5.	Facilities	N/A	1	2	3	4	5
6.	EMS Training Equipment	N/A	1	2	3	4	5
7.	Do you feel the material presented is useful to you?	Yes	<input type="checkbox"/>		No	<input type="checkbox"/>	
8.	Would you recommend other providers to take this program in the future?	Yes	<input type="checkbox"/>		No	<input type="checkbox"/>	
9.	Are there any changes you would recommend? If so, explain:	Yes	<input type="checkbox"/>		No	<input type="checkbox"/>	

10. Any unresolved issues with the topics discussed? If so, explain: Yes No

Additional Comments:
