



BASE STATION COURSE FOR STATE OF MARYLAND  
EMERGENCY MEDICAL SERVICES PHYSICIANS AND STAFF

**COURSE EVALUATION**

Date of Course: \_\_\_\_\_ Location: \_\_\_\_\_

Please complete and return this evaluation form before you leave the course site.

Please refer to the following scale and circle the appropriate rating for each section below:

5	4	3	2	1
<i>Excellent</i>	<i>Good</i>	<i>Average</i>	<i>Below Average</i>	<i>Poor</i>

**Presentation:**

Relevance of Material	5	4	3	2	1
Length of Presentation	5	4	3	2	1
Detail of Material	5	4	3	2	1
Presentation Layout	5	4	3	2	1
Overall Presentation	5	4	3	2	1

**Instructors:**

Instructor #1 Name: \_\_\_\_\_

Understanding of Course Material	5	4	3	2	1
Interest in Course	5	4	3	2	1
Delivery of Course	5	4	3	2	1
Use of A/V and Other Materials	5	4	3	2	1
Covers Course Objectives	5	4	3	2	1
Overall Rating	5	4	3	2	1

Instructor #2 Name: \_\_\_\_\_

Understanding of Course Material	5	4	3	2	1
Interest in Course	5	4	3	2	1
Delivery of Course	5	4	3	2	1
Use of A/V and Other Material	5	4	3	2	1
Covers Course Objectives	5	4	3	2	1
Overall Rating	5	4	3	2	1

**Course:**

Usefulness	5	4	3	2	1
Materials	5	4	3	2	1
Depth	5	4	3	2	1
Exercises	5	4	3	2	1
Lecture	5	4	3	2	1
Content Relevance to Objectives	5	4	3	2	1
Overall Course Rating	5	4	3	2	1

**Additional Comments/ Suggestions for Course Improvement:**

---

---

---

---

---

---

---

---

---

---