EMS Training Program Review Form

Name	
Position / Title	
Date	
Program Details	
Program Name	
Instructor(s)	
Duration (hours/days)	
Location	
Evaluation	
How would you rate the training content?	
Tiow would you rate the training content:	_
Training materials provided were:	
Training materials provided were.	_
Instructor offsetiveness:	<u></u>
Instructor effectiveness:	-
Were the objectives of the training met?	1

Comments & Suggestions

What aspects of the program could be improved?

What did you like most about the progra	am?		
Additional comments or suggestions			