



COURSE SUMMARY EVALUATION

1-ABOVE AVERAGE 2-AVERAGE 3-BELOW AVERAGE

Course #: _____ Course Location: MARKHAM PARK Broward County

COURSE SUMMARY EVALUATION*

- | | | | |
|---|-----|-----|---|
| 1. How well-organized was the entire program? | (1) | 2 | 3 |
| 2. To what extent did the program meet your needs? | (1) | 2 | 3 |
| 3. Did the program meet the course objectives? | (1) | 2 | 3 |
| 4. What is your overall evaluation of the program? | (1) | 2 | 3 |
| 5. In general, how appropriate were the program handouts? | (2) | 2 | 3 |
| 6. In general, how appropriate were the audiovisuals? | (1) | (2) | 3 |
| 7. In general, was the level of material presented appropriate to your level of care? | (1) | 2 | 3 |
| 8. To what extent will the information presented be of value to you? | (1) | 2 | 3 |
| 9. Do you feel that your application of practical skills has improved as a result of this course? | (1) | 2 | 3 |

10. What was the best or most helpful part of the program for you?

SCENARIO TRAINING AT SHOOT HOUSE. AS MUCH HANDS ON TRAINING AS POSSIBLE.

11. What was the worst or least helpful part of the program for you?

NA

12. How beneficial were the skill stations?

Introduction to TEMS	(1)	2	3	Care Under Fire	(1)	2	3
Patient Assessment	(1)	2	3	Bleeding Control	(1)	2	3
Airway Management	(1)	2	3	Drags and Carries	(1)	2	3
Comprehensive Scenarios	(1)	2	3				

13. Would you recommend this course to others? Yes No _____

14. General comments:

GREAT CLASS, THANK YOU!



COURSE SUMMARY EVALUATION

1-ABOVE AVERAGE 2-AVERAGE 3-BELOW AVERAGE

Course #: LoEo Tactical / Medicine Course Location: B.S.O. Range, Markam Park, Sunrise FL

COURSE SUMMARY EVALUATION*

- | | | | |
|---|---|---|---|
| 1. How well-organized was the entire program? | 1 | 2 | 3 |
| 2. To what extent did the program meet your needs? | 1 | 2 | 3 |
| 3. Did the program meet the course objectives? | 1 | 2 | 3 |
| 4. What is your overall evaluation of the program? | 1 | 2 | 3 |
| 5. In general, how appropriate were the program handouts? | 1 | 2 | 3 |
| 6. In general, how appropriate were the audiovisuals? | 1 | 2 | 3 |
| 7. In general, was the level of material presented appropriate to your level of care? | 1 | 2 | 3 |
| 8. To what extent will the information presented be of value to you? | 1 | 2 | 3 |
| 9. Do you feel that your application of practical skills has improved as a result of this course? | 1 | 2 | 3 |

10. What was the best or most helpful part of the program for you?

Hands-on demonstrations. Doing Scenarios + stage set-ups.
Getting to meet the different individuals.

11. What was the worst or least helpful part of the program for you?

The only thing that I can comment about is
that this course is only going to be better as it develops.

12. How beneficial were the skill stations?

Introduction to TEMS	1	2	3	Care Under Fire	1	2	3
Patient Assessment	1	2	3	Bleeding Control	1	2	3
Airway Management	1	2	3	Drugs and Carries	1	2	3
Comprehensive Scenarios	1	2	3				

13. Would you recommend this course to others? Yes No

14. General comments:

I think that this type of training is very much
needed nowadays in order for LoEo F.R.o/PMT/P
can close the gap + work together whenever an event/scene
takes place.



COURSE SUMMARY EVALUATION

1-ABOVE AVERAGE 2-AVERAGE 3-BELOW AVERAGE

Course #: _____ Course Location: BSO

COURSE SUMMARY EVALUATION*

- | | | | |
|---|-----|---|---|
| 1. How well-organized was the entire program? | (1) | 2 | 3 |
| 2. To what extent did the program meet your needs? | (1) | 2 | 3 |
| 3. Did the program meet the course objectives? | (1) | 2 | 3 |
| 4. What is your overall evaluation of the program? | (1) | 2 | 3 |
| 5. In general, how appropriate were the program handouts? | (1) | 2 | 3 |
| 6. In general, how appropriate were the audiovisuals? | (1) | 2 | 3 |
| 7. In general, was the level of material presented appropriate to your level of care? | (1) | 2 | 3 |
| 8. To what extent will the information presented be of value to you? | (1) | 2 | 3 |
| 9. Do you feel that your application of practical skills has improved as a result of this course? | (1) | 2 | 3 |

10. What was the best or most helpful part of the program for you?

EVERYTHING, EQUIPMENT, HANDS-ON, SCENARIOS
& TEAM EXERCISES

11. What was the worst or least helpful part of the program for you?

N/A

12. How beneficial were the skill stations?

Introduction to TEMS	(1)	2	3	Care Under Fire	(1)	2	3
Patient Assessment	(1)	2	3	Bleeding Control	(1)	2	3
Airway Management	(1)	2	3	Drugs and Carries	(1)	2	3
Comprehensive Scenarios	(1)	2	3				

13. Would you recommend this course to others? Yes No _____

14. General comments:

ONE OF THE BEST COURSES I'VE ATTENDED IN
QUITE A WHILE. THE USE OF TOM IS PRICELESS,
THE INTENSITY & LEGIT. OF USING TOM
MAKES THE TRAINING UNFORGETTABLE
INCREDIBLE EXP.



COURSE SUMMARY EVALUATION

1-ABOVE AVERAGE 2-AVERAGE 3-BELOW AVERAGE

Course #: _____ Course Location: B50 - Martins Park

COURSE SUMMARY EVALUATION*

- | | | | |
|---|----------|---|---|
| 1. How well-organized was the entire program? | <u>2</u> | 2 | 3 |
| 2. To what extent did the program meet your needs? | <u>2</u> | 2 | 3 |
| 3. Did the program meet the course objectives? | <u>2</u> | 2 | 3 |
| 4. What is your overall evaluation of the program? | <u>2</u> | 2 | 3 |
| 5. In general, how appropriate were the program handouts? | <u>2</u> | 2 | 3 |
| 6. In general, how appropriate were the audiovisuals? | <u>2</u> | 2 | 3 |
| 7. In general, was the level of material presented appropriate to your level of care? | <u>2</u> | 2 | 3 |
| 8. To what extent will the information presented be of value to you? | <u>2</u> | 2 | 3 |
| 9. Do you feel that your application of practical skills has improved as a result of this course? | <u>2</u> | 2 | 3 |

10. What was the best or most helpful part of the program for you?

Scenarios, Repetition

11. What was the worst or least helpful part of the program for you?

Tactical Element can help improve training and scenarios

12. How beneficial were the skill stations?

Introduction to TEMS	<u>2</u>	2	3	Care Under Fire	<u>2</u>	2	3
Patient Assessment	<u>2</u>	2	3	Bleeding Control	<u>2</u>	2	3
Airway Management	<u>2</u>	2	3	Drags and Carries	<u>2</u>	2	3
Comprehensive Scenarios	<u>2</u>	2	3				

13. Would you recommend this course to others? Yes No _____

14. General comments:

Great class, thank you for all that you guys do.

-Jonathan Ramirez



COURSE SUMMARY EVALUATION

1-ABOVE AVERAGE 2-AVERAGE 3-BELOW AVERAGE

Course #: _____ Course Location: Sunrise FL

COURSE SUMMARY EVALUATION*

- | | | | |
|---|----------|----------|---|
| 1. How well-organized was the entire program? | <u>1</u> | 2 | 3 |
| 2. To what extent did the program meet your needs? | <u>1</u> | 2 | 3 |
| 3. Did the program meet the course objectives? | <u>1</u> | 2 | 3 |
| 4. What is your overall evaluation of the program? | <u>1</u> | 2 | 3 |
| 5. In general, how appropriate were the program handouts? | <u>1</u> | 2 | 3 |
| 6. In general, how appropriate were the audiovisuals? | <u>1</u> | 2 | 3 |
| 7. In general, was the level of material presented appropriate to your level of care? | 1 | <u>2</u> | 3 |
| 8. To what extent will the information presented be of value to you? | <u>1</u> | 2 | 3 |
| 9. Do you feel that your application of practical skills has improved as a result of this course? | <u>1</u> | 2 | 3 |

10. What was the best or most helpful part of the program for you?

11. What was the worst or least helpful part of the program for you?

12. How beneficial were the skill stations?

Introduction to TEMS	1	<u>2</u>	3	Care Under Fire	1	<u>2</u>	3
Patient Assessment	1	<u>2</u>	3	Bleeding Control	1	<u>2</u>	3
Airway Management	1	<u>2</u>	3	Drugs and Carries	1	<u>2</u>	3
Comprehensive Scenarios	<u>1</u>	2	3				

13. Would you recommend this course to others? Yes No _____

14. General comments:

Great Instructors Great CLASS!



COURSE SUMMARY EVALUATION

1-ABOVE AVERAGE 2-AVERAGE 3-BELOW AVERAGE

Course #: Tactical Medicine Course Location: Markham Park

COURSE SUMMARY EVALUATION*

- | | | | |
|---|----------|---|---|
| 1. How well-organized was the entire program? | <u>A</u> | 2 | 3 |
| 2. To what extent did the program meet your needs? | <u>A</u> | 2 | 3 |
| 3. Did the program meet the course objectives? | <u>A</u> | 2 | 3 |
| 4. What is your overall evaluation of the program? | <u>A</u> | 2 | 3 |
| 5. In general, how appropriate were the program handouts? | <u>G</u> | 2 | 3 |
| 6. In general, how appropriate were the audiovisuals? | <u>A</u> | 2 | 3 |
| 7. In general, was the level of material presented appropriate to your level of care? | <u>A</u> | 2 | 3 |
| 8. To what extent will the information presented be of value to you? | <u>A</u> | 2 | 3 |
| 9. Do you feel that your application of practical skills has improved as a result of this course? | <u>D</u> | 2 | 3 |

10. What was the best or most helpful part of the program for you?

It was all covered very well

11. What was the worst or least helpful part of the program for you?

nothing

12. How beneficial were the skill stations?

Introduction to TEMS	<u>D</u>	2	3	Care Under Fire	<u>A</u>	2	3
Patient Assessment	<u>A</u>	2	3	Bleeding Control	<u>A</u>	2	3
Airway Management	<u>D</u>	2	3	Drags and Carries	<u>A</u>	2	3
Comprehensive Scenarios	<u>A</u>	2	3				

13. Would you recommend this course to others? Yes No

14. General comments:

This should be mandatory for all First Responders



COURSE SUMMARY EVALUATION

1-ABOVE AVERAGE 2-AVERAGE 3-BELOW AVERAGE

Course #: _____ Course Location: MARKHAM PARK BROWARD COUNTY

COURSE SUMMARY EVALUATION*

- | | | | |
|---|-----|---|---|
| 1. How well-organized was the entire program? | (1) | 2 | 3 |
| 2. To what extent did the program meet your needs? | (1) | 2 | 3 |
| 3. Did the program meet the course objectives? | (1) | 2 | 3 |
| 4. What is your overall evaluation of the program? | (1) | 2 | 3 |
| 5. In general, how appropriate were the program handouts? | (1) | 2 | 3 |
| 6. In general, how appropriate were the audiovisuals? | (1) | 2 | 3 |
| 7. In general, was the level of material presented appropriate to your level of care? | (1) | 2 | 3 |
| 8. To what extent will the information presented be of value to you? | (1) | 2 | 3 |
| 9. Do you feel that your application of practical skills has improved as a result of this course? | (1) | 2 | 3 |

10. What was the best or most helpful part of the program for you?
HANDS ON TRAINING IN SHOOT HOUSE

11. What was the worst or least helpful part of the program for you?
N/A

- | | | | | | | | |
|---|-----|---|---|-------------------|-----|---|---|
| 12. How beneficial were the skill stations? | | | | | | | |
| Introduction to TEMS | (1) | 2 | 3 | Care Under Fire | (1) | 2 | 3 |
| Patient Assessment | (1) | 2 | 3 | Bleeding Control | (1) | 2 | 3 |
| Airway Management | (1) | 2 | 3 | Drags and Carries | (1) | 2 | 3 |
| Comprehensive Scenarios | (1) | 2 | 3 | | | | |

13. Would you recommend this course to others? Yes No

14. General comments:
COURSE MOVED QUICKLY AND SMOOTHLY WITH GREAT INFO. MIX OF CLASSROOM AND HANDS ON WAS A GOOD TRANSITION



COURSE SUMMARY EVALUATION

1-ABOVE AVERAGE 2-AVERAGE 3-BELOW AVERAGE

Course #: _____ Course Location: Markham Park BSO

COURSE SUMMARY EVALUATION*

- | | | | |
|---|---|---|---|
| 1. How well-organized was the entire program? | ① | 2 | 3 |
| 2. To what extent did the program meet your needs? | ① | 2 | 3 |
| 3. Did the program meet the course objectives? | ① | 2 | 3 |
| 4. What is your overall evaluation of the program? | ① | 2 | 3 |
| 5. In general, how appropriate were the program handouts? | ① | 2 | 3 |
| 6. In general, how appropriate were the audiovisuals? | ① | 2 | 3 |
| 7. In general, was the level of material presented appropriate to your level of care? | ① | 2 | 3 |
| 8. To what extent will the information presented be of value to you? | ① | 2 | 3 |
| 9. Do you feel that your application of practical skills has improved as a result of this course? | ① | 2 | 3 |

10. What was the best or most helpful part of the program for you?
Using 'TOM' & actually being to put a TQ on TIGHT
was great

11. What was the worst or least helpful part of the program for you?

- | | | | | | | |
|---|---|---|---|-------------------|---|-----|
| 12. How beneficial were the skill stations? | | | | | | |
| Introduction to TEMS | ① | 2 | 3 | Care Under Fire | ① | 2 3 |
| Patient Assessment | ① | 2 | 3 | Bleeding Control | ① | 2 3 |
| Airway Management | 1 | ② | 3 | Drags and Carries | ② | 2 3 |
| Comprehensive Scenarios | ① | 2 | 3 | | | |

13. Would you recommend this course to others? Yes / No _____

14. General comments:
Excelent course & presentation