



## COURSE SUMMARY EVALUATION

Course #: 6/22/15 Course Location: HCSO Range

### 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?

TOMM

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  
(1) 2 3  
(1) 2 3  
(1) 2 3

Care Under Fire

(1) 2 3  
(1) 2 3  
(1) 2 3

Patient Assessment

Bleeding Control

Airway Management

Drags and Carries

Comprehensive Scenarios

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

14. General comments:

GREAT TRAINING AIDS

1-ABOVE AVERAGE    2-AVERAGE    3-BELOW AVERAGE



## COURSE SUMMARY EVALUATION

Course #: 6/23/16 Course Location: ACSO

### COURSE SUMMARY EVALUATION\*

- |   |   |   |   |
|---|---|---|---|
| 1. How well-organized was the entire program?   | 6 | 2 | 3 |
| 2. To what extent did the program meet your needs?  | 6 | 2 | 3 |
| 3. Did the program meet the course objectives?  | 6 | 2 | 3 |
| 4. What is your overall evaluation of the program?  | 6 | 2 | 3 |
| 5. In general, how appropriate were the program handouts?   | 6 | 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?

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

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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:

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1-ABOVE AVERAGE    2-AVERAGE    3-BELOW AVERAGE



## COURSE SUMMARY EVALUATION

Course #: 6/23/16 Course Location: Hillsboro County S.O.

### 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>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>1</u> | 2 | 3 |

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

Hands on practicals, very informative

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

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12. How beneficial were the skill stations?

Introduction to TEMS	<u>1</u>	2	3	Care Under Fire	<u>1</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:

\_\_\_\_\_

1-ABOVE AVERAGE    2-AVERAGE    3-BELOW AVERAGE



# COURSE SUMMARY EVALUATION

Course #: 6/23/16 Course Location: HCSO

## 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?

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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	①	2	3
Comprehensive Scenarios	①	2	3				

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

14. General comments:

lots of good info

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1-ABOVE AVERAGE    2-AVERAGE    3-BELOW AVERAGE



# COURSE SUMMARY EVALUATION

Course #: 6/23/16 Course Location: Hillsborough Co Sheriff's Office

## COURSE SUMMARY EVALUATION\*

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

10. What was the best or most helpful part of the program for you?  
Hands on exercises and scenarios.

11. What was the worst or least helpful part of the program for you?  
Nothing to note.

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

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

14. General comments:  
Great course

1-ABOVE AVERAGE    2-AVERAGE    3-BELOW AVERAGE



# COURSE SUMMARY EVALUATION

Course #: 6/23/11 Course Location: P.C. 501 HAWK

## 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?             | <u>1</u> | 2 | 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?

STANDS ON IS ALWAYS GREAT

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

NO A.C. IN CLASS ROOM MADE IT HARD TO FOCUS

12. How beneficial were the skill stations?

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

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

14. General comments:

INSTRUCTORS ARE GREAT ATTITUDE AND TEACH  
THE SERVICES TO HELP

1-ABOVE AVERAGE    2-AVERAGE    3-BELOW AVERAGE



# COURSE SUMMARY EVALUATION

Course #: 8/23/12 Course Location: Tampa, 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> | <u>2</u> | 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?

Learned proper use of tourniquets & how to teach their use as well as all other items used for class.

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

I'm from Law Enforcement side - just a different mind set from EMT/medical to LE. However, some BASIC principles.

12. How beneficial were the skill stations?

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

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

14. General comments:

Enjoyed the instructors - very well presented from Medical aspect. I now know more than I did before I came.

1-ABOVE AVERAGE    2-AVERAGE    3-BELOW AVERAGE



## COURSE SUMMARY EVALUATION

Course #: 6/23/15 Course Location: HCSO

### 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?

SCENARIOS

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

ENOUGH TIME TO PRACTICE

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:

1-ABOVE AVERAGE    2-AVERAGE    3-BELOW AVERAGE





## COURSE SUMMARY EVALUATION

Course #: 6/23/16 Course Location: HCSO Range

### COURSE SUMMARY EVALUATION\*

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

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

THE SCENARIOS

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

POWER POINT COULD BE TRIMMED DOWN

12. How beneficial were the skill stations?

Introduction to TEMS	②	2	3	Care Under Fire	③	2	3
Patient Assessment	①	2	3	Bleeding Control	③	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:

GOOD CLASS, LEARNED A LOT!

1-ABOVE AVERAGE    2-AVERAGE    3-BELOW AVERAGE

COURSE SUMMARY EVALUATION

Course #: 6/23/16 Course Location: Hillsborough County Sheriff's Office Practical Training Center

COURSE SUMMARY EVALUATION\*

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

10. What was the best or most helpful part of the program for you?  
Hands on actual scenarios with specific objectives

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    | <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. Experienced Instructors -