



Instr.  
Course

# COURSE SUMMARY EVALUATION

Course #: \_\_\_\_\_ Course Location: Post Orange, 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?

live demo (Tom)

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	③	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 #: \_\_\_\_\_ Course Location: POET ORANGE POLICE DEPARTMENT

### 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 WAS THE BEST TOOL TO SHOW REALISTIC BLEEDING & INJURIES

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

TO MUCH TALK ON POWER POINTS (MORE TERMS COULD BE USED FOR ONE ON ONE HANDS ON TRAINING)

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 #: \_\_\_\_\_ Course Location: Port Orange PD

### 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 WAS EXTREMELY HELPFUL!

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

SOME PEOPLE MIGHT NEED MORE BASIC MEDICAL KNOWLEDGE  
Prior to or throughout the class

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:

I LOVED THIS CLASS. GREAT SKILLS & KNOWLEDGE  
THOUGHT!

1-ABOVE AVERAGE    2-AVERAGE    3-BELOW AVERAGE



# COURSE SUMMARY EVALUATION

Course #: \_\_\_\_\_ Course Location: PORT ORANGE P.D.

## 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 |

3  
1  
1  
1  
1  
1  
1  
1  
1

10. What was the best or most helpful part of the program for you?  
→ SKILLS STATION - MORE REPS - TOM  
→ POWER POINT FOR AGENCY REFERENCE

11. What was the worst or least helpful part of the program for you?  
LESS FACTS / INSTRUCTOR PRESENTATION

- |                                             |   |   |                   |   |   |
|---------------------------------------------|---|---|-------------------|---|---|
| 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 |                   |   |   |

1  
1  
1  
1

1  
1  
1

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

14. General comments:  
Awesome job!

1-ABOVE AVERAGE    2-AVERAGE    3-BELOW AVERAGE



## COURSE SUMMARY EVALUATION

Course #: \_\_\_\_\_ Course Location: Port Orange Police Department

### 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?                                                    | ② | 2 | 3 |
| 4. What is your overall evaluation of the program?                                                | ② | 2 | 3 |
| 5. In general, how appropriate were the program handouts?                                         | ② | 2 | 3 |
| 6. In general, how appropriate were the audiovisuals?                                             | ② | 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?                              | ② | 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?

Debriefing after each part

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

\_\_\_\_\_  
\_\_\_\_\_

12. How beneficial were the skill stations?

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

\_\_\_\_\_  
\_\_\_\_\_

1-ABOVE AVERAGE    2-AVERAGE    3-BELOW AVERAGE



## COURSE SUMMARY EVALUATION

Course #: 06/08/2016 Course Location: Part Orange 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

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

Can't think of any at moment

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 X No \_\_\_\_\_

14. General comments:

1-ABOVE AVERAGE    2-AVERAGE    3-BELOW AVERAGE



# COURSE SUMMARY EVALUATION

Course #: TEMS Course Location: Port Orange, 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?  
Medical Case under fire & tourniquet options.

11. What was the worst or least helpful part of the program for you?  
Teach backs - could use more time on the applications

- |                                             |     |   |   |                   |     |     |
|---------------------------------------------|-----|---|---|-------------------|-----|-----|
| 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:  
Good course - ~~nothing to say~~



## COURSE SUMMARY EVALUATION

Course #: \_\_\_\_\_ Course Location: Port Orange, 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   | (1.5) | 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 | → more videos/photos |
| 7. In general, was the level of material presented appropriate to your level of care?             | 1   | (1.5) | 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?

Use of the "Tomm" training aid

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

The instructor development portion

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				

→ need to expand in this area

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 #: \_\_\_\_\_ Course Location: PORT ORANGE, 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?

TOWN, HAZARDOUS

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:

DAY 1 WAS GREAT. DAYS 2 & 3 WERE SLOWER AND REPETITIVE; HOWEVER, THE PRACTICE WAS DIFFERENT AND A NECESSARY BUILD. GOOD OVERALL

1-ABOVE AVERAGE    2-AVERAGE    3-BELOW AVERAGE



# COURSE SUMMARY EVALUATION

Course #: \_\_\_\_\_ Course Location: PORT ORANGE P.D.

## COURSE SUMMARY EVALUATION\*

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

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

THE "HANDS-ON" PORTIONS OF THE TRAINING WERE THE MOST HELPFUL.

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

THE WRITTEN TEST NEEDED BETTER QUESTIONS.

12. How beneficial were the skill stations?

Introduction to TEMS	<input type="radio"/> 1	2	3	Care Under Fire	<input type="radio"/> 1	2	3
Patient Assessment	<input type="radio"/> 1	2	3	Bleeding Control	<input type="radio"/> 1	2	3
Airway Management	<input type="radio"/> 1	2	3	Drags and Carries	<input type="radio"/> 1	2	3
Comprehensive Scenarios	<input type="radio"/> 1	2	3				

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

14. General comments:

I THINK IN ITS CURRENT STATE, THIS CLASS COULD BE REDUCED TO TWO DAYS.

1-ABOVE AVERAGE    2-AVERAGE    3-BELOW AVERAGE



## COURSE SUMMARY EVALUATION

Course #: \_\_\_\_\_ Course Location: Port Orange Police Dept

### 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?                                                | (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?

Practical exercises

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

~~Could be better if we had more hands on practice with the equipment  
like the mannequin~~

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:

The class could have been made 2 days only, the majority of us are already instructors - only w/o the medical knowledge

1-ABOVE AVERAGE    2-AVERAGE    3-BELOW AVERAGE



## COURSE SUMMARY EVALUATION

Course #: \_\_\_\_\_ Course Location: Port Orange P.D.

### 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?

TQM

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

\_\_\_\_\_

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:

would like to get more repetitions on scenarios.

1-ABOVE AVERAGE    2-AVERAGE    3-BELOW AVERAGE



## COURSE SUMMARY EVALUATION

Course #: \_\_\_\_\_ Course Location: Port Orange Police Dept

### COURSE SUMMARY EVALUATION\*

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

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

Hands on training

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

Power Point could be more interesting.  
check/review test questions

12. How beneficial were the skill stations?

Introduction to TEMS	4	2	3	Care Under Fire	4	2	3
Patient Assessment	4	2	3	Bleeding Control	4	2	3
Airway Management	4	2	3	Drags and Carries	4	2	3
Comprehensive Scenarios	4	2	3				

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

14. General comments:

Good class

1-ABOVE AVERAGE    2-AVERAGE    3-BELOW AVERAGE



# COURSE SUMMARY EVALUATION

Course #: \_\_\_\_\_ Course Location: Port Orange PD

## 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?  
\_\_\_\_\_  
\_\_\_\_\_

11. What was the worst or least helpful part of the program for you?  
very bad test, kept wrong answers even though were not talked about or incorrect.

- |                                             |     |     |   |                   |     |   |     |
|---------------------------------------------|-----|-----|---|-------------------|-----|---|-----|
| 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 X

14. General comments:  
too expensive for what it is, need LEO's to help teach for otc. safety.

1-ABOVE AVERAGE    2-AVERAGE    3-BELOW AVERAGE



# COURSE SUMMARY EVALUATION

Course #: \_\_\_\_\_ Course Location: PORT ORANGE P.D.

## 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?

THE PRACTICAL SKILLS WERE VERY BENEFICIAL TO LEARNING THE MATERIAL AND HOW TO PRESENT IT TO THOSE WE ARE TEACHING

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

COULD HAVE USED CLEARER DIRECTION ON WHAT WAS EXPECTED FROM OFFICERS GIVING PRESENTATION

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