

**One-Day Student Refresher Course**  
**Participants' Evaluation Form**

Course Site: \_\_\_\_\_ Course Date \_\_\_\_\_ CS#: \_\_\_\_\_ - \_\_\_\_

Your suggestions and criticisms are valuable to us in preparing for future courses. Please assist us by evaluating each session at its completion. Your **overall** rating of each session should include the faculty member's performance as well as the core content (see rating key). Written comments are encouraged and welcomed. It is important that you also respond to the general course items on the second page of the form. Thank you.

**Rating:** The instructor and session were  
 Very Good = 3    Good = 2    Fair = 1    Poor = 0    Unable to Rate = X

Sessions	Rating	Comments
<p><b>Lecture</b></p> <ul style="list-style-type: none"> <li>• Overview of Core Content</li> </ul> <p><b>Practical Skills</b></p> <ul style="list-style-type: none"> <li>• Airway and Ventilatory Management</li> <li>• Shock Assessment and Management</li> <li>• X-ray Identification of Thoracic Injuries</li> <li>• Head Trauma</li> <li>• Spine and Spinal Cord Trauma</li> <li>• Musculoskeletal Trauma</li> <li>• Triage Scenarios</li> </ul> <p><b>Initial Assessment and Management Skills</b></p>		
<p><b>General</b></p> <ul style="list-style-type: none"> <li>• Course content was consistent with printed objectives</li> <li>• Content was relevant to my educational needs</li> <li>• Discussion time was adequate and enhanced my understanding of the subject</li> <li>• The interactive format of the course enhanced my learning of the content</li> <li>• Acquired knowledge will be applied to my practice environment</li> <li>• Room and facilities were appropriate</li> </ul>		

Sessions	Rating	Comments
<ul style="list-style-type: none"> <li>• Program was fair, objective, and unbiased toward any commercial product, institution, or by an individual</li> </ul>		

**Overall Course Evaluation**

The lecture and skills stations were maintained in accordance with the ABCDE-approach, and in the order of the primary and secondary surveys as outlined on this form.

Yes

No

How many active participants were in your rotation group? \_\_\_\_\_

We welcome additional comments and suggestions.