

STUDENT COURSE COGNITIVE AND SKILLS PERFORMANCE EVALUATION FORMS

Final Evaluation Form

Name _____ Course Date _____

Course Site _____ Course Serial # _____ P or P/SR

Rating: **S** = Successful **IRM** = Incomplete/Remedial
 IRC = Incomplete/Repeat Course **IP** = Instructor Potential

Note: Comments are required if the student has an incomplete status in any of these categories.

REQUIRED PERFORMANCE	RATING	COMMENTS
Attended entire course: (If incomplete, identify portions of course student needs to complete)		
Cognitive performance: Written test Pretest: _____% Posttest _____% Remedial Test #1 _____% Remedial Test #2 _____%		
Skills performance: Airway and Ventilatory Management Shock Assessment and Management X-ray Identification of Thoracic Injuries Cricothyroidotomy Chest Decompression Pericardiocentesis Diagnostic Peritoneal Lavage Venous Cutdown (optional) Head/Neck Trauma Assessment and Management X-ray Identification of Spine Injuries Spinal Cord Injury Assessment and Management Musculoskeletal Trauma Assessment and Management		
Initial Assessment Skills: Practice Patient # _____ Test Patient # _____		

OVERALL STATUS: S IRM IRC IP