STUDENT COURSE COGNITIVE AND SKILLS PERFORMANCE EVALUATION FORMS

Final Evaluation Form

Name C		ourse Date		
Course Sit	re Co	ourse Serial #	ŧ	P or P/SR
Rating:		Incomplete/ structor Pote		
Note: Con	nments are required if the student has an incomp	olete status ir	n any of these categories.	
	REQUIRED PERFORMANCE	RATING	COMMENTS	3
Attended of course	l entire course: (If incomplete, identify portions student needs to complete)			
Cognitiv	e performance: Written test			
Pretest: _	% Posttest%			
Remedia	l Test #1% Remedial Test #2%			
	rformance:			
Airway a	and Ventilatory Management			
Shock As	sessment and Management			
X-ray Ide	entification of Thoracic Injuries			
Cricothy	roidotomy			
Chest De	compression			
Pericardi	ocentesis			
Diagnost	ic Peritoneal Lavage			
Venous (Cutdown (optional)			
Head/No	eck Trauma Assessment and Management			
X-ray Ide	entification of Spine Injuries			
Spinal Co	ord Injury Assessment and Management			
Musculo	skeletal Trauma Assessment and Management			
Initial A	ssessment Skills:			
Practice l	Patient #			
Test Pati	ent #			
OVERAL	L STATUS: S IRM IRC	☐ IP		
Advanced	Trauma Life Support			68