MCHENRY WESTERN LAKE COUNTY EMS SYSTEM
Program Evaluation

Topic_________________________
Instructor____________________________________

Your feedback is always appreciated. Please complete this evaluation form and return it to the program instructor. If a specific question does not apply, please leave it blank. Thank you!

Today’s date: _______________________________
Program Location: ___________________________

(1) How would you rate the overall quality of this presentation? ………………………………. □ □ □ □

(2) How well did the presentation achieve its objectives? ……………………………………… □ □ □ □

(3) How would you rate the quality of the information presented? ……………………... □ □ □ □

(4) How well did the presenter hold your attention and answer your questions? ……………… □ □ □ □

(5) Please identify any suggestions you would like to see in the presentation format:
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(6) Additional comments and suggestions for future programming:
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