

**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: \_\_\_\_\_

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
(1) How would you rate the overall quality of this presentation? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) How well did the presentation achieve its objectives? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) How would you rate the quality of the information presented? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) How well did the presenter hold your attention and answer your questions? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(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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