

Good Samaritan
Emergency Services

Kearney, Nebraska www.gshs.org

**EMS TRENDS/
EMS TRAINING AGENCY**
Session Evaluation

Name of Class _____ Date _____

	AGREE	DISAGREE	NO OPINION
<u>TOPIC</u>			
Relevant	___	___	___
Understandable	___	___	___
Interesting	___	___	___
<u>SPEAKER</u>			
Knowledgeable	___	___	___
Understandable	___	___	___
Easily Followed	___	___	___
<u>AUDIO-VISUAL</u>			
Clear	___	___	___
Easily Followed	___	___	___
Appropriate	___	___	___

Please add any comments you feel were not addressed or expand on any of the above points.

What other topics and/or speakers would you like.
