
Good Samaritan Health Systems

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.
