

RATE YOUR PROGRAM

EVALUATION FORM



SOUTHEAST OHIO EMS DISTRICT
3240 State Route 160, Gallipolis, OH 45631

Training Center / Site WebEX Date _____

Program Title TriPTiX Web Platform

Instructor Name Kelly Cormier Instructor Name _____

Instructor Name Tami Wires Instructor Name _____

Circle the number in appropriate line and comments in space provided:

Excellent - 4 Good - 3 Fair - 2 Poor - 1

Material Evaluation

1 - Program booklets easy to follow.	4	3	2	1
2 - Program material covered topic.	4	3	2	1
3 - Audiovisual	4	3	2	1
4 - Willingness to participate in another program.	4	3	2	1

Comments _____

Service Evaluation

How would you rate the service provided by the SEOEMS training center?

4	3	2	1
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Comments _____

Program Evaluation

1 - Objectives - Clearly stated and met.	4	3	2	1
2 - Presentation by Instructor.	4	3	2	1
3 - Effectiveness by Instructor.	4	3	2	1
4 - Skill practice - Adequate time and good skill demonstration.	4	3	2	1

Comments _____

Fax TO: Training Department 740-446-8120