



# AHA Evaluation Form

LifeSavers Version 2026

Course Date \_\_\_\_\_ Training Site \_\_\_\_\_

Instructor(s) Name(s) \_\_\_\_\_

<b>x</b>	<b>Course Type</b>										
<input type="checkbox"/>	<b>BLS Provider</b> Healthcare Providers	<input type="checkbox"/>	<b>Heartsaver</b> CPR & AED	<input type="checkbox"/>	<b>Heartsaver</b> First Aid	<input type="checkbox"/>	<b>Heartsaver</b> CPR & AED + First Aid	<input type="checkbox"/>	<b>Heartsaver Pediatric</b> CPR AED + First Aid	<input type="checkbox"/>	<b>Heartsaver</b> K-12
<input type="checkbox"/>	<b>Other</b> Please Indicate _____										

Question	Answers	
	Utilize the right as space to expand your answers. If you answer <b>NO</b> to any question, please expand.	
<b>Expectations</b> Overall, did this course fulfill your expectations?	Y / N	
<b>Environment</b> Did you feel the learning environment was safe, clean, and hygienic?	Y / N	
<b>Time &amp; Attention</b> Did you receive adequate time & attention from the instructor(s) for questions, practice, testing, etc.?	Y / N	
<b>Feedback Device</b> Did your instructor use a feedback device on all of the <b>adult manikins</b> ? (measures correct depth and rate for compressions)	Y / N	
<b>Instructor</b> What did you like about your instructor(s)?		
<b>Modifications</b> If you could change anything about your training experience, what would it be?		
<b>Rating</b> How would you overall rate this training in comparison with previous training(s)?	<input type="checkbox"/> Not as Good <input type="checkbox"/> About the Same <input type="checkbox"/> Better <input type="checkbox"/> Best I've Ever Had <input type="checkbox"/> My First Class <input type="checkbox"/> Taken this class Elsewhere <input type="checkbox"/> Taken this class with LifeSavers prior	
<b>Any additional thoughts/comments to share?</b> Feel free to use the back of this page to expand.		

Thank you for your comments!