

ITLS Course Evaluation

Date _____

Please rate by checking \checkmark : 5 = Highest, best or most; 1 = least, lowest or worst.

Rate the extent to which your personal objectives were met _____

Rate the appropriateness of the physical facilities _____

This program will assist in improving quality patient care _____

5	4	3	2	1
5	5			
9		1		
10				

Please rate the effectiveness of education on the following topics

5	4	3	2	1
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Day 1				
Scene Size Up / Kinematics	9	1		
Patient Assessment	#			
Shock and fluid replacement	#			
Assessment Demonstration	9	1		
Abdominal & Thoracic Trauma	9	1		
Practice Stations				
Head Injury/Helmet Removal	8	2		
Abdominal Injuries	9	1		
Patient Assessment / Shock	8	2		
SMR / Rapid Extrication	8	2		

Please rate the effectiveness of education on the following topics

5	4	3	2	1
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Day 2				
Head & Spine Injuries	8	2		
Burns & Blast Injuries	8	1	1	
Trauma / Extremity / Pregnancy	8	1	1	
Trauma in Geriatrics & Peds	8	1	1	
Review Pretest	8	1		1
Evaluation Stations				
Evaluation Station 1	9	1		
Evaluation Station 2	9	1		
Evaluation Station 3	9	1		
Evaluation Station 4	9	1		
Evaluation Station 5				
Evaluation Station 6				

On a scale of 0 (least likely) to 10 (most likely)

What is the probability that you will recommend this class to a colleague or friend. Please **circle one**.

Net Provider

What would have improved the program? "1) More hands on for those who are less experienced."

Please add any additional comments ? "1) Good class. Will consider Wizard for future classes. 2) Very good, very informative. 3) Good stories with real world application of skills. 4) I should have got a book."