

# Pediatric ITLS Course Evaluation

Date \_\_\_\_\_

Course Coordinator: \_\_\_\_\_

ITLS Course Director: \_\_\_\_\_

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

Please rate with 5 being Excellent and 1 being Poor your experience.....

Course organization and coordinator/materials available in timely manner .....

Rate the appropriateness of the physical facilities .....

This program will assist in improving quality patient care.....

5	4	3	2	1

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<b>PITLS</b>					
<b>Lectures:</b>					
Assessment of the Pediatric Patient					
Head and Spine Trauma					
Chest and Abdominal Trauma					
Special Considerations in Pediatric Trauma					
<b>Stations:</b>					
Immobilization, Head and Spine Trauma					
Shock Resuscitation, IV Access-IO					
Airway Needle and Decompression					
Chest and Abdominal Trauma					
Pediatric ITLS Trauma Assessment					
WRITTEN EXAM					
Overall Course					

What would have improved the program?

Please add any additional comments: