

ITLS Course Evaluation Course Type _____ 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 |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

| | 5 | 4 | 3 | 2 | 1 |
|---|---|---|---|---|---|
| Day 1 | | | | | |
| Lecture: Scene Size-up/MOI | | | | | |
| Lecture: Assessment and Management of Trauma Pt | | | | | |
| Lecture: Shock | | | | | |
| Skill Stations: | | | | | |
| Airway | | | | | |
| Extrication/SMR | | | | | |
| Head Injury and Helmet Removal | | | | | |
| Station Assessment and Chest Trauma | | | | | |
| Patient Assessment/Pediatric & Geriatric Patients | | | | | |
| Day 2 | | | | | |
| Lecture: Head Injury | | | | | |
| Lecture: Burns | | | | | |
| Assessment Practice | | | | | |
| Station 1 | | | | | |
| Station 2 | | | | | |
| Station 3 | | | | | |
| Station 4 | | | | | |
| Station 5 | | | | | |
| Station 6 | | | | | |
| WRITTEN EXAM | | | | | |
| Overall Course | | | | | |

What would have improved the program?

Please add any additional comments: