

# EVALUATION INSTRUCTIONS

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## Evaluating the Participants

As an instructor, it will be your responsibility to evaluate the participants in your course. There are two primary options available to you depending on time restrictions and the size of your group. Whichever option you choose, it is important that you as an instructor are able to judge whether the group seemed to absorb the information that was intended. If not, you may need to alter your presentation for the next group or further assess the reasons why this did not occur.

### Option 1

Use Section 6 of the program, First-Aid Roleplays (Activity A2-6) and evaluate the participants as they practice their new first-aid skills. Pay particular attention to the following:

- Is the proper care being given and the correct action being taken for the situation (e.g. check ABC's, call EMS, control bleeding, etc.)?
- Is the participant referring to their handouts for needed information?

This type of evaluation will be impossible if you have a large group. But if your group is relatively small and/or there is more than 1 instructor available to facilitate, this may be a good option because you will be able to observe strengths and weaknesses and provide feedback at the same time. Make certain that you have the opportunity to observe every person in the caregiving role.

### Option 2

Ask each participant to complete the written Training Post-test. The post-test is included. Encourage the participants to refer to their handouts for assistance in completing the test. If you choose this option, make certain that you give the participants the right answers before they leave. An answer key is included that can be copied and distributed to participants when they return their completed tests or you can provide the correct answers verbally and allow opportunity for discussion.

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## Participants Evaluate the Program

Regardless of which option you choose to evaluate the participants, always allow the participants to evaluate the program. Use the enclosed "Participant Evaluation" forms. These forms will also provide you with important information about the participants' understanding of the information and their enjoyment of the program. There is also a "Trainer Evaluation" for you to complete.

Please mail a copy of the "Trainer Evaluation" forms to:

Ohio Department of Public Safety  
EMSC Program  
P.O. Box 182073  
Columbus, OH 43218-2073

This information will enable the EMSC program to learn how those using the curriculum feel about it and make any changes or updates as needed.

# Participant Training Evaluation

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1. Compared to other trainings, how would you rate this session? (*Circle One*)

**Excellent**

**Good**

**Satisfactory**

**Unsatisfactory**

Comments:

2. How would you rate the trainer? (*Circle One*)

**Excellent**

**Good**

**Satisfactory**

**Unsatisfactory**

Comments:

3. How would you rate the handouts? (*Circle One*)

**Excellent**

**Good**

**Satisfactory**

**Unsatisfactory**

Comments:

4. How would you rate the visual aids? (*Circle One*)

**Excellent**

**Good**

**Satisfactory**

**Unsatisfactory**

Comments:

5. What do you find to be the most useful part of this training? Why?

6. What would you do differently in this training? Why?

7. What changes will you be able to make in your child care activities because of what you learned in this training?

8. Would you recommend this training to other child care providers?  Yes  No  
If NO, why not?

*Thank you for your time. Please feel free to write any additional comments below.*

# Trainer Evaluation

This form is to be completed by the trainer(s). Information included will be used to improve the training curriculum.

Location of training: (city, county)		Date of training
Trainer Name	Title	
Agency		
Address	City	Zip Code
Telephone Number area code (      )		

1. Trainer Credentials

- Registered Nurse
- EMS Instructor
- Certified Instructor in First-aid
- Licensed physician

2. Class attendance (number) \_\_\_\_\_

3. Was the course easy to teach?  Yes  No  
If NO, what should be changed?

4. Were there any questions you felt you could not respond to?  Yes  No  
If YES, please describe.

5. How much did you charge each participant for the course? Indicate the range.

- \$0
- up to \$5
- \$5.01 to \$10
- \$10.01 to \$15
- \$15.01 to \$20
- \$20.01 to \$25
- more than \$25

6. How much did it cost to conduct the training? Indicate the range.
- \$0 - \$10
  - \$10.01 to \$25
  - \$25.01 to \$50
  - More than \$50, specify \_\_\_\_\_
7. What were the expenses for? List or describe.
8. Did any of the following present difficulties for you?
- a) Finding audiovisual equipment  Yes  No
  - b) Arranging a meeting space  Yes  No
  - c) Finding materials needed for the class  
such as handouts/CPR mannequins, etc.  Yes  No  
If yes, please describe:
  - d) Other, specify:
9. Were there any other barriers or obstacles to teaching the session? If so, please describe.
10. What characteristics of the course do you believe were the most beneficial?

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