

# STOP THE BLEED GEORGIA - SCHOOL RESPONSE PROGRAM

## SCHOOL RESPONSE PROGRAM TRAINING - EVALUATION

<b>Instructor:</b>	<b>Date:</b>
<b>Location:</b>	<b>County:</b>

Thank you for participating in this course, and completing this evaluation. All identifying information will be kept confidential; data will only be shared in aggregate form and not linked to individual participants.

**Course Evaluation:**

Please take a moment to complete this evaluation of the course in which you just participated. Your comments will be used to make ongoing improvements in our program. Please refer to the rating scale provided below.

<b>Content:</b>	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1 The teaching strategies were appropriate for the activity.					
2. The objectives were consistent with purpose and goals.					
3. Overall course met my expectations.					
<b>Presenter Effectiveness:</b>	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
4. The presenter demonstrated mastery of the topic.					
5. Instructors provided adequate and helpful feedback					

**Self-Evaluation:**

Based on your understanding of the information provided during today's Stop the Bleed Georgia - School Response Program training, please rate the items below about the training you have received.

<b>How would you rate your...</b>		Very Poor	Poor	Fair	Good	Very Good
1. Overall knowledge of the information covered in this training.	Before this training					
	After this training					
2. Ability to perform the skills taught during this training.	Before this training					
	After this training					
3. Ability to manage an injury resulting in significant bleeding.	Before this training					
	After this training					
4. Comfort level utilizing the equipment in the Bleeding Control Kit	Before this training					
	After this training					

**Were there any specific strengths or weaknesses of the program that you would like to comment on?**

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**If you would like feedback on your comments, or more information regarding course offerings, please fill out the following:**

<b>Name:</b>	<b>Job Title:</b>
<b>Email Address:</b>	<b>Phone:</b>

**Return evaluations with course roster to << [Regional STB Program Coordinator](#)>>.**  
Additional comments or suggestions can be added to the back of this form.