



SAVE A LIFE

Evaluation Form

Your opinion and comments are important to us. Please complete this form and return to the Instructor or email to creeves@centraltexasrac.org. Thank you for attending "Stop the Bleed".

1. Overall, how would you rate the presentation/training(s)? ___ Excellent ___ Good ___ Fair ___ Poor
2. Did the presentation/training(s) start on time? ___ Yes ___ No
3. Did the Instructor present the material in a consistent and understandable format? ___ Yes ___ No
4. Was Instructor professional and respectful during presentation/training(s)? ___ Yes ___ No
5. Did the Instructor answer any questions effectively? ___ Yes ___ No
6. Was Instructor enthusiastic and knowledgeable about the content? ___ Yes ___ No
7. Was Instructor dressed appropriately for the presentation/training? ___ Yes ___ No
8. Were you satisfied with the presentation/training(s)? ___ Yes ___ No
9. Would you recommend this presentation/training(s) to others? ___ Yes ___ No

Why? _____

10. Would you like to receive information on other health education programs? ___ Yes ___ No

If yes, please enter email address: _____

11. Please provide any other comments on suggestions: _____

IF you wish to receive additional information on the Central Texas RAC or other presentation/training(s), please provide your contact information below. This information will NOT be shared.

Name: _____

Phone: _____ Email: _____