



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 info@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: _____