



South Plains Emergency Medical Services, Inc.

P.O. Box 53597

(806) 791-2582

Lubbock, Texas 79453

**CONTINUING EDUCATION AND CASE REVIEW DOCUMENTATION**

CE Provider: South Plains EMS Course Approval Number: 100208

Name of Participant: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Participants Home Service: \_\_\_\_\_

Course Location: \_\_\_\_\_ Course Date: \_\_\_\_\_

Content Area: \_\_\_\_\_ Hours Awarded: \_\_\_\_\_

Evaluate the presenter, the course, and the support resources. Provide written comments if necessary. Please comment on any areas rated less than Average (3). (1=Poor; 2=Fair; 3=Average; 4=Good; 5=Excellent)

**Effectiveness of Presenter**

Teaching Styles Used	1	2	3	4	5
Overall Level of Presentation	1	2	3	4	5
Use of Teaching Aids/Techniques	1	2	3	4	5
Ability to Communicate Major Points	1	2	3	4	5

**Content of Course**

Objectives Were Clearly Defined	1	2	3	4	5
Objectives Were Specific To This Program	1	2	3	4	5
Content Followed Outline	1	2	3	4	5
Content Fulfilled Program Objectives	1	2	3	4	5

**Supporting Resources**

Physical Facilities	1	2	3	4	5
Equipment	1	2	3	4	5
Audiovisuals	1	2	3	4	5

**Comments**

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**POST TEST**

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|--------------|---------------|
| 1. A B C D E | 6. A B C D E  |
| 2. A B C D E | 7. A B C D E  |
| 3. A B C D E | 8. A B C D E  |
| 4. A B C D E | 9. A B C D E  |
| 5. A B C D E | 10. A B C D E |

Written Exam Score: \_\_\_\_\_ Pass Fail

**Skills Exam Score: (attach Skills Evaluation Check Sheets)**

Skill _____	Pass	Fail	Skill _____	Pass	Fail
Skill _____	Pass	Fail	Skill _____	Pass	Fail
Skill _____	Pass	Fail	Skill _____	Pass	Fail
Skill _____	Pass	Fail	Skill _____	Pass	Fail

Instructor's Name (Print): \_\_\_\_\_

Coordinator: JIM WATERS