



STUDENT MONITORING FORM

This form must be completed in it's entirety by the student only.

Date of Course: _____

Length of Course: _____

Lead Instructor: _____
Asst. Instructor(s): _____

COURSE INFORMATION

Please select the course completed:

- Healthcare Provider
- Heartsaver – All Ages
- Heartsaver – Adult/Child
- Heartsaver – Infant
- Heartsaver – All Ages with AED
- Heartsaver – Adult/Child with AED
- CPR in Schools
- Friends and Family
- BLS Instructor
- Heartsaver First Aid Instructor
- Heartsaver Pediatric First Aid & CPR
- Heartsaver First Aid (Circle all that apply below)
 - Adult/Child CPR
 - Infant CPR
 - Adult/Child AED
 - Environmental

MATERIALS INFORMATION

Did your class include video mediated instruction?

- Yes
- No

Did your class include a written exam? (*BLS only*)

- Yes
- No

Do you hold a current card?

- Yes
- No

If yes, card expiration date: _____

Did your class include the **mandatory** textbook?

- Yes
- No

Please mark the text that was used.

- AHA BLS Healthcare Provider Manual
- AHA Fundamentals of BLS for Healthcare Provider
- AHA Heartsaver Manual
- AHA First Aid
- AHA First Aid with CPR and AED
- AHA Pediatric First Aid with CPR
- AHA Heartsaver AED
- AHA Friends and Family



Please mark all appropriate areas that were covered during the course.

FIRST AID COURSE ONLY

OR

CPR COURSE ONLY

	<u>Discussion</u>	<u>Skills</u>		<u>ADULT</u>	<u>INFANT</u>
General Principles	<input type="radio"/>	<input type="radio"/>		<input type="radio"/> One Rescuer CPR	<input type="radio"/> One Rescuer CPR
Medical Emergencies	<input type="radio"/>	<input type="radio"/>		<input type="radio"/> Two Rescuer CPR	<input type="radio"/> Two Rescuer CPR
Injuries	<input type="radio"/>	<input type="radio"/>		<input type="radio"/> Foreign Body Airway Obstruction	<input type="radio"/> Foreign Body Airway Obstruction
Adult/Child CPR	<input type="radio"/>	<input type="radio"/>			
Infant CPR	<input type="radio"/>	<input type="radio"/>		<u>CHILD</u>	<u>OTHER SKILLS</u>
AED	<input type="radio"/>	<input type="radio"/>		<input type="radio"/> One Rescuer CPR	<input type="radio"/> Bag Valve Mask
Environmental	<input type="radio"/>	<input type="radio"/>		<input type="radio"/> Two Rescuer CPR	<input type="radio"/> Pocket Face Mask
Pocket Face Mask	<input type="radio"/>	<input type="radio"/>		<input type="radio"/> Foreign Body Airway Obstruction	<input type="radio"/> AED Training

In an effort to continuously improve our programs; please rate the following elements of the class.

	Unsatisfactory	Poor	Acceptable	Good	Excellent
Registration					
Class Presentation					
Instructor Knowledge					
Hands-On Skills					
Class Atmosphere					
Length of Class					

Additional remarks:

*This form is kept confidential, however, if you have any concerns regarding the way in which this course was conducted, please do not hesitate to contact us at the number listed below. **THANK YOU!***