



The Colorado Cardiopulmonary Resuscitation Association

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Student Monitoring Form for Heartsaver Course

This form must be filled out in its entirety, BY THE STUDENT ONLY to receive CPR Cards.

Lead Instructor _____ Date of course _____ Course Length _____

What test were you given? (Please Circle One)

Workbook Optional Written Test

Did your class include the **mandatory** video mediated instruction? (Please Circle One)

Yes No

A textbook is **mandatory** for all students before, during and after the course. No photocopies or handouts. (No Exceptions)

What textbook do you have? _____

Heartsaver Course

Please mark all modules completed.

	Discussion	Skill
First Aid Basics	<input type="checkbox"/>	<input type="checkbox"/>
Medical Emergencies	<input type="checkbox"/>	<input type="checkbox"/>
Injury Emergencies	<input type="checkbox"/>	<input type="checkbox"/>
Environmental	<input type="checkbox"/>	<input type="checkbox"/>
Adult/Child CPR	<input type="checkbox"/>	<input type="checkbox"/>
Infant CPR	<input type="checkbox"/>	<input type="checkbox"/>
Adult/Child AED	<input type="checkbox"/>	<input type="checkbox"/>

Course Overview

Please rate course by circling the number:
1-Unsatisfactory, 2-Decent 3-Good 4-Excellent

Pre-Registration	1	2	3	4
Presentation	1	2	3	4
Manikin Skills	1	2	3	4
Class Atmosphere	1	2	3	4
Length of Session	1	2	3	4

All courses require the practice of the hard barrier pocket mask. Please circle if you used the following:

Hard Barrier Pocket Mask: Yes No
AED Hands-On Training: Yes No

What was your overall impression of the course?

What improvements for the course do you suggest?

What was your overall impression of the instructor ?

What improvements for the instructor do you suggest?

THANK YOU FOR TAKING YOUR COURSE WITH THE AMERICAN HEART ASSOCIATION AND THROUGH OUR TRAINING CENTER! WE HOPE TO SEE YOU FOR YOUR RE-CERTIFICATION. HAVE A GREAT DAY!

Revised 05/12