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? __________________________

<table>
<thead>
<tr>
<th>Heartsaver Course</th>
<th>Course Overview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please mark all modules completed.</td>
<td>Please rate course by circling the number:</td>
</tr>
<tr>
<td>Discussion</td>
<td>1-Unsatisfactory, 2-Decent 3-Good 4-Excellent</td>
</tr>
<tr>
<td>First Aid Basics</td>
<td>Pre-Registration</td>
</tr>
<tr>
<td>Medical Emergencies</td>
<td>1</td>
</tr>
<tr>
<td>Injury Emergencies</td>
<td>2</td>
</tr>
<tr>
<td>Environmental</td>
<td>3</td>
</tr>
<tr>
<td>Adult/Child CPR</td>
<td>4</td>
</tr>
<tr>
<td>Infant CPR</td>
<td></td>
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<tr>
<td>Adult/Child AED</td>
<td></td>
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</tbody>
</table>

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 instructor?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What was your overall impression of the course?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What improvements for the instructor do you suggest?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What improvements for the course 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*