

# CAL FIRE - Butte County Fire Department EMS Class Evaluation

Name	Station/VFC	Date
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List three things you learned in this class and explain how you will apply what you learned to your day to day operations.

- 1) \_\_\_\_\_  
\_\_\_\_\_
- 2) \_\_\_\_\_  
\_\_\_\_\_
- 3) \_\_\_\_\_  
\_\_\_\_\_

Do you have suggestions for improving this class?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What did you like best about this class?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What type of EMS continuing education would you like to see in the future?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the skills covered in this class.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rate your skills competency prior to attending this class on a scale of 1-10

1    2    3    4    5    6    7    8    9    10

Rate your skills competency after attending this class on a scale of 1-10

1    2    3    4    5    6    7    8    9    10