

Best Practice Medicine
Naloxone Administration Course Evaluation

Skills Trainer: _____ Date: _____

Skills Location: _____

Indicate on a scale of 1 to 5 your opinions. Also, include any comments (your comments are strongly encouraged) you feel are appropriate. This is our chance to improve!

		Evaluation Scale						
Unsatisfactory	Poor	Adequate	Good	Excellent				
1	2	3	4	5				
1.	Organization of skills session:			1	2	3	4	5
2.	Instructor knowledge of subjects presented:			1	2	3	4	5
3.	Instructor is able to apply lecture material to real life applications:			1	2	3	4	5
4.	Quality of online learning module:			1	2	3	4	5
5.	Overall evaluation the Naloxone Administration Course:			1	2	3	4	5
6.	Classroom environment is open and allows for learning:			1	2	3	4	5

Comments: _____

What could we do to make this course better? _____

List your contact info if you would like BPM to contact you if you wish to provide direct feedback about your experience with us. _____.

You may also contact Amber Olson, Naloxone Project Manager, at aolson@bestpracticemedicine.com to provide direct feedback about this course.