Vancouver Island Emergency Response Academy

Instructor/Evaluator Post Course Review

Course Name:			
Location:		Date:	
Insti	ructor / Evaluator:		
1.	Recommended changes to course cu	rriculum:	
2.	Instructor resource material additional	I needs:	
3.	Equipment additional needs:		
4.	Do you have any suggestion to improve this program?		
Insti	ructor/Evaluator Signature:		