

Touch for Health ____ (level) Evaluation

Name _____ Phone () _____

Address _____ City _____ Zip _____

Occupation _____ Location of Class _____

Instructor _____ Date _____

How would you rate the instructor? (circle on the scale)

Very Dissatisfied 1 2 3 4 5 6 7 8 9 10 Very Satisfied

How would you rate this class overall?

Very Dissatisfied 1 2 3 4 5 6 7 8 9 10 Very Satisfied

Overall this course :

Did not meet my 1 2 3 4 5 6 7 8 9 10 Far surpassed my expectations

Do you feel the material will be relevant and valuable for your practice?

Very Dissatisfied 1 2 3 4 5 6 7 8 9 10 Very Satisfied

Please give comments on the following:

1. Instructor and teaching methods
2. Classroom environment
3. What about the course you liked the most?
4. What about the course you liked the least?
5. Any suggestions on how to improve the course?
6. Additional comments