**PROACT-SCIPr-UK® First Course Feedback**

**Participant Name:**

**Course Attending:**

**Date:**

|  |  |  |
| --- | --- | --- |
| **Topic** | **Yes / No** | **Comments** |
| Rationale for the inclusion of restrictive interventions |  |  |
| Written proposal for training |  |  |
| Course Registration Form |  |  |
| Course title / Description |  |  |
| Course Length |  |  |
| Target Audience |  |  |
| Core Curriculum |  |  |
| Physical Interventions |  |  |
| Balance of Content |  |  |
| Proactive |  |  |
| Active |  |  |
| Reactive |  |  |
|  |  |  |
| **Overall comments:** | | |
| Instructor Name: Signed: | | |