

The Children's Reflexology Programme

Professional training course FEEDBACK FORM

Please fill in as much or as little of the form as you are comfortable with.

Course details	All information is held in	strict confidence.	
Title:			
Location			arting
			DD/MM/YY
Mark a cross ${\mathcal X}$ at any poir	nt on each of the scale	es to indicate your feeling	gs about each item
Session duration	Too long	Just right	Too short
Difficulty of content	Too hard	Just right	Too easy
Clarity of hand-outs	Too complex	Just right	Too simple
Teaching style	Too much info	Just right	Unclear
Price of the course	Too expensive	Just right	Too cheap
How you feel now	Inspired to train up!	Ready to go	None the wiser
Spreading the word	l'il tell everyone!	If it comes up	Not mentioning it
Overall impression	Brilliant, loved it!	It was OK	Didn't like it
Singing the rhymes	Great fun!	Seemed OK	Uncomfortable
Your comfort on the day	Right at home!	No problem	Uncomfortable
Comments, suggestions e	etc		
Your name		Date	(Continue on the back if you like!)
OPTIONAL		DD/MM/YY	C.
Please return to:			1 14

