

The Children's Reflexology Programme

Infant Reflexology Course

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.	ole with.	
Title:				
Location			Starting	
DD			D/MM/YY	
Mark a cross χ at any poir	t on each of the sca	ales to indicate your feelings	about each item	
Programme duration	Too long	Just right	Too short	
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	
Provision for children	Over the top	Just right	Insufficient	
Price of the programme	Too expensive	Just right	Too cheap	
How you feel now	Inspired to train!	Able to treat my family	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	
Bonding with your child	So much better!	Unchanged	Not so good	
Comments, suggestions e	etc			
Your name		Date	(Continue on the back if you like!)	
OPTIONAL		DD/MM/YY	C	
Please return to:			J. Xx	
			and Hall	





Course details

Susan Quayle

The Children's Reflexology Programme

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FEEDBACK FORM

Please fill in as much or as little of the form as you are comfortable with. All information is held in strict confidence.

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