

3D DIMENSIONAL COACHING™

Workshop Feedback Survey

Date of workshop: _____ Presenter ID #: _____

How would you rate today's workshop? (worst) 1 2 3 4 5 6 7 8 9 10 (best)

School/Organization: _____

Who are you? (circle one) Administrator Coach Parent Other

Your Name: _____ Phone: _____

Email: _____ Zip Code: _____

Subscribe to 3D Coaching Newsletter? (circle one) Yes No

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- ☐ Taking an online 3D Coaching course for college credit
 - ☐ Taking an online 3D Coaching course for certification
 - ☐ Hosting a 3D Coaching workshop
 - ☐ 3D Parenting Resources
 - ☐ Specific 3D Coaching strategies
 - ☐ Participating in a faith-based discussion group for coaches who want to go deeper into this content
- Are you willing to help facilitate the group? Yes No

Please share your thoughts on today's workshop:

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