



Your feedback is important. To help us improve future events, your feedback will be greatly appreciated. Without your input it is difficult for us to know what is working and not working for you. We appreciate your participation in this process.

***Name:** _____

Event: _____ **Date(s):** _____

**You can choose to remain anonymous if offering your name prohibits you from disclosing important feedback.*

Where did you hear about this event? _____

In the following sections, please rate on a scale with '1' being low and '5' being high.

..... **Prior to the Event**

	1	2	3	4	5	Comments
Ease of registration						
Communication of event details						
Suitability of location						

..... **During the Event**

	1	2	3	4	5	Comments
Could you hear both the teachers and students clearly?						
Was the seating comfortable?						
Were you satisfied with the size of the group?						

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..... **The Teaching**

	1	2	3	4	5	Comments
Were you satisfied with the length of the sessions?						
Did you feel a sense of safety and confidentiality?						
Was the teaching presented in a clear and understandable manner?						
Could you sense the integrity of the teaching and the teacher?						
Did the teaching reflect what the teacher knew from their own experience?						
Was there sufficient opportunity for questions?						
Did you feel heard/understood by the teacher?						
Did the teaching hold your attention?						
Did you receive practical instruction to apply the teachings in your life?						
Were you uncomfortable with any of the teacher's actions or comments?						

..... **In Summary**

	1	2	3	4	5	Comments
Did you feel fully respected during the event?						
Were your expectations met?						
Do you feel the event was of value to you?						
Did the cost of the event seem appropriate?						

What might have made your experience more beneficial? _____

Were you uncomfortable with any of the teacher's assistants' (if any) actions or comments? _____

Additional comments or suggestions: _____
