



# The Acupressure Institute

“Awaken the Healing in Your Hands”

## Class Evaluation Form

*Your feedback is important for improving our classes*

Class Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Instructor's Name: \_\_\_\_\_

What are your main insights as a result of attending this class? \_\_\_\_\_

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What did you find most useful about the class: \_\_\_\_\_

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What was most challenging about the class for you and why?

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Do you have any comments or suggestions on how we might improve this class?

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If you were to recommend the Acupressure Institute to others, what would you say?

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Are you able to give us 3 referrals? \_\_\_\_\_

We would like to know whom else we could help in the way that we've helped you. Please give 3 referrals of people you know that would benefit from this training.

Referral 1 \_\_\_\_\_

Referral 2 \_\_\_\_\_

Referral 3 \_\_\_\_\_

Please make additional comments or suggestions on the back of this sheet.

**Yes, I'd like to talk with a counselor regarding my needs or experience.**

OPTIONAL Name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_