



Adults - Please Give Us Your Feedback

Name:	Age:	Region:
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Please circle the number that best describes your feelings.

	1=Strongly Disagree	2=Disagree	3=Neither Disagree or Agree	4=Agree	5=Strongly Agree
1. I consistently participated in class.	1	2	3	4	5
2. Classes are welcoming and inviting.	1	2	3	4	5
3. I feel respected in class.	1	2	3	4	5
4. I am able to train in a way that works for me.	1	2	3	4	5
5. I am more confident because of my training.	1	2	3	4	5
6. Training is important to my everyday life.	1	2	3	4	5

Please describe your feelings.

- 7. How are you different than before you started training?

- 8. What is the most valuable part of training for you?

- 9. What is your most favorite part of class?

- 10. What life changes or decisions have you made because of your training?

- 11. We welcome any other feedback you would like to provide.