

## Trainer & Program Evaluation Form

Trainer's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please rank the following on a scale of 1-5, with 1 = poor, and 5 = excellent.

The ability and personality of your instructor:	1	2	3	4	5
The ideas and discussions of the program:	1	2	3	4	5
Pacing & process of the program:	1	2	3	4	5

What did you enjoy the most?

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What did you find most useful?

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Other comments?

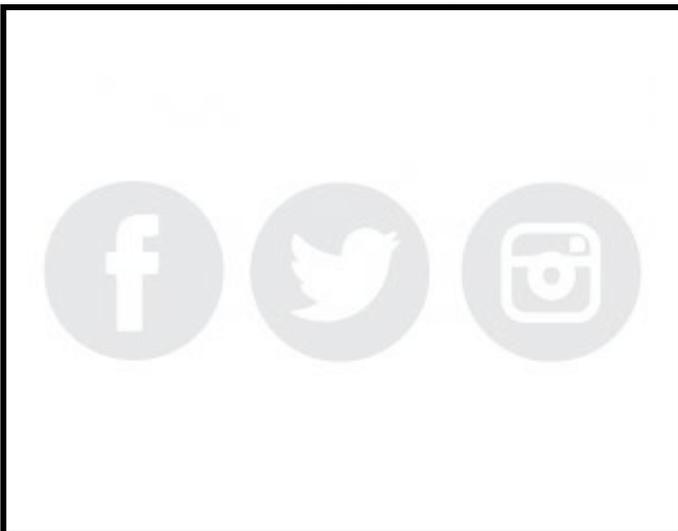
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May we use any part of your feedback for endorsement purposes?      Yes      No

Your Name/Job Title: (optional) \_\_\_\_\_



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Come From Love.**

Share wisdom, inspiration or feelings about  
your experience!

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Thank you for your contributions!