

HEALING TRANSFORMATION WORKSHOP

EVALUATION FORM

Workshop date:		Location:	
How do you rate the workshop? Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/>			
Did the workshop meet your expectations? Yes <input type="checkbox"/> No <input type="checkbox"/>			
What in your view could be done to improve the workshop?			
Can we have your permission to use your feedback on our website? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If so, can we please use your name? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Your name:			
Would you like Ellen to contact you to discuss your feedback? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Phone no.:		Cell phone no.:	
Email address:			

