

## EVALUATION OF SELF HYPNOSIS CLASS

Name (if desired) Susan England

Dates of Classes 10-17-2 / 10-22-2 / 10-29-2 / 11-5-2

Please complete the following evaluation. Your name does not need to appear on this form if you do not want to write it here, but any comments you make will be helpful for following classes. Thank you.

Instructor: Dennis Parker

	Poor	Fair	Good	Excellent
Was well prepared				X
Presented information in an understandable fashion				X
Information is valuable				X
Information met your needs				X
You can use the information now				X

Facilities:

	Poor	Fair	Good	Excellent
Room set up was comfortable				X
Room atmosphere was comfortable for learning				X

Comments: I learned needed knowledge, that I had no idea would be involved in this class. I wanted the class to go longer, it ended to soon. My sponge is not fully soaked. The time in class went by very quickly. I wish I hadn't bought so much of the training  
 We desire comments for use in our newsletter and internet site. in the 2nd week. \*

Can we use your comments in our newsletter and/or internet site? Yes  No

If the answer is yes, please sign and date this paper:

Susan P. England  
Signature

11-5-2  
Date

If we use your comments for our newsletter and/or internet site, we extend our thanks to you by offering you \$5 off your next session or supplement purchase.

\* I want to come back and audit sometime. I also want to learn more, and get my hang-ups figured out! I'm just at the tip of the ice-berg