

EVALUATION OF SELF HYPNOSIS CLASS

Name (if desired) Jolene Dake

Dates of Classes Sept 3, 19, 24 + 26

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 am really impressed with Dennis - his

knowledge, presentation, and abilities. I felt

he was compassionate, yet firm and was

able to get through to me when I wouldn't

let others. This seminar is great and I am

glad I took the opportunity to attend.
We desire comments for use in our newsletter and internet site.

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

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

Jolene F. Dake
Signature

8 October 2002
Date