

EVALUATION OF SELF HYPNOSIS CLASS

Name (if desired) Lisa Phipps

Dates of Classes _____

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				✓
Presented information in an understandable fashion			✓	✓
Information is valuable				✓
Information met your needs				✓
You can use the information now				✓

Facilities:

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

Comments: It's worth the time and
teaches you interesting thing
about your mind and how it
works more than normal therapy

We desire comments for use in our newsletter and internet site.

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:

Lisa Phipps
 Signature

Jan 29, 03
 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.