

Trager® for Daily Life Class Student Feedback Form

Please give this Form to your class Leader or send it directly to the local Trager National Association, if you rather keep your feedback confidential (find the address on www.trager.com).

Trager for Daily Life Class

Theme:

Date:

Location:

Leader's name:

Your name (optional):

1. How did you learn about this class?
2. Did you feel welcome and well informed about the logistics of the class?
3. Was the classroom environment adequate?
4. How was this class time format for you? Did it work?
5. How did you experience your class Teacher's effectiveness as a group leader? As an educator?
6. Was the class content well balanced in terms of explanations, demonstrations, practice time, questions and personal sharing space?
7. Are you satisfied with this class experience?
8. What, if anything, would you add, change or delete to make this class more profitable?
9. Do you already have some ideas about how you will be integrating this class content in your daily life?
10. Could you eventually be interested in taking another *Trager* class? (yes or no)
 - An « open to all » class? (yes or no)
 - The Level I of the Certification Program? (yes or no)