

Course Evaluation for _____

(name & level of course) _____

Date: start _____ finish _____ Instructor: _____

Venue/Place: _____ Your name (optional): _____

In filling out this form, we ask you to be as honest and direct as possible. As you rely on us to help and instruct you in the learning of the art of Aquatic bodywork, we rely on your feedback to help us learn the art of teaching. It is in this spirit that we ask you to fill out this form.

Please give your evaluation by crossing the space according to your opinion.

Logistics:

	Insufficient	Sufficient	Medium	Good	Excellent
- Infrastructure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Number of participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Time table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Days of the course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Didactical:

- Chosen topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Work on land: contents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Work on land: theory/explanations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Work in the water: techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Work in the water: theory/explanations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How did this course meet (or not meet) your expectations?

What did you find the most valuable for your personal and professional growth?

Was the material presented in a way that suited your learning style?

What about this course was the most and/or least valuable to you?

How are you feeling after this course?

If we were to do this again, how would you have us do it differently? What would you like to change?

How did you experience instructors & assistants in terms of knowledge, effectiveness and support?
Instructor/s:

Assistant/s:

Optional comments: (feel free to use the back for additional comments.)

Watsu India Training Institute – Thank you for your feedback!