

HEALING OF MAGIC WORKSHOP EVALUATION FORM

Course Title: HEALING OF MAGIC: Using Magic Tricks in a Therapeutic Setting
Instructor: Kevin Spencer

Date & Location of Course: _____

Name _____ Profession: _____

NOTE: This form must be completed and submitted prior to receiving a Certificate of Completion.

RATINGS OF THE COURSE CONTENT

1. The course contained practical information I can use in my practice.

Not Applicable	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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2. The course content met my expectations.

Not Applicable	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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3. The course materials were well planned and organized.

Not Applicable	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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4. The course materials contained useful information.

Not Applicable	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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5. The course objectives were clearly defined and addressed.

Not Applicable	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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6. The learning objectives were met.

Not Applicable	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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7. The visuals and/or demonstrations were adequate.

Not Applicable	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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RATINGS OF THE INSTRUCTOR

8. Instructor was adequately prepared for this learning activity.

Not Applicable	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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9. Instructor was knowledgeable about subject matter.

Not Applicable	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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10. Instructor clearly communicated concepts and ideas.

Not Applicable	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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11. Instructor responded appropriately to questions.

Not Applicable	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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12. Instructor involved participants in the learning process.

Not Applicable	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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13. Instructor held my interest.

Not Applicable	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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14. I would recommend this instructor to others.

Not Applicable	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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RATINGS OF THE ENVIRONMENT

15. Classroom was comfortable and promoted learning.

Not Applicable	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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16. Overall temperature level was appropriate.

Not Applicable	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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17. Level of lighting was appropriate.

Not Applicable	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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18. Technology used (computers, audiovisuals, etc.) operated properly.

Not Applicable	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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OVERALL RATING

19. I would recommend this course to others.

Not Applicable	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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20. Course will be useful in my practice.

Not Applicable	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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REGISTRATION

21. How did you first learn about this course?

Website Brochure	Mail Professional Newsletter	Other
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22. How did you register for this course?

FAX
Phone

Mail
In-Person

Online
Someone Registered Me

What did you like most about the course?

What improvements would you suggest?