

Biodynamic Craniosacral Therapy Association of North America Questionnaire for Students to Evaluate the Teacher Trainee

Mail completed form to: **BCTA/NA**, 11006 Connally Lane, Raleigh, NC 27614 Or email to: admin@craniosacraltherapy.org

Teacher Trainee Name: _____

Topic of Presentation: _____

Date of Presentation: _____

Rating Scale:

1-3 Poor

4-5 Average

6-7 Above Average

8-10 Excellent

Using the scale above, please provide a rating number in answer to each of the seven questions below

1. Were the teacher's presentations well organized?
2. How well did the teacher in training communicate their knowledge of the subject matter?
3. Were the sessions fun, interesting and active?
4. What is your evaluation of the instructional techniques utilized, audio-visual aids, etc.?
5. Did the presentations facilitate your learning style?
6. How practical and useful was the material presented?
7. What is your overall evaluation of this teacher?

Please also write in answer to the questions below:

What ideas were most useful to you?

Was the time allotted for this training adequate?

Please state specific changes the teacher could make to improve the effectiveness of their presentations.

Please write a self-evaluation about your inner impressions of this Teacher or provide additional comments. *(Use the reverse side if more space is needed)*

THANK YOU!

November 2021