

Which class are you giving feedback about?

CLASS FEEDBACK FORM

Monday	
Wednesday	
Thursday	
Friday	
Saturday	

Does this class meet or exceed your expectations?

What are the 3 top things you like about the class?

1.
2.
3.

Is there anything you did not like?

Is there anything specific you would like in the yoga programme?

If you could change or add a class on the timetable what would it be?

Anything else you'd like to share or suggest?

How likely is it that you would recommend this yoga class to a friend or colleague?
(10 is most likely, 1 being the least).

Extremely likely					Neutral					Not likely
10	9	8	7	6	5	4	3	2	1	0

I would like to know more about the following services:

Acupuncture	
Massage	
Cupping	
Exercise Physiology	
Yoga Retreats	

