

Training Evaluation

Your feedback is very important to us, please complete the following.

1 I attended...

Matwork Certification:	<input type="checkbox"/> Intensive	<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Advanced	<input type="checkbox"/> SPX Mat-Plus™
Reformer Certification:	<input type="checkbox"/> Intensive	<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Advanced	<input type="checkbox"/> SPX Reformer
Cadillac, Chair & Barrels Certification:	<input type="checkbox"/> Intensive	<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Advanced	
Rehabilitation Certification:	<input type="checkbox"/> RMR1	<input type="checkbox"/> RMR2	<input type="checkbox"/> RCCB1	<input type="checkbox"/> RCCB2
	<input type="checkbox"/> Injuries & Special Populations			
CEC Workshop: <input type="checkbox"/> at	Training Center		date:	

2 Overall I feel that the training was...

3 I found the pace of the training... too slow too fast about right

4 The most valuable content in the training was...

5 If I could change one thing about the training it would be...

6 I wish we had spent more time on...

7 I wish we had spent less time on...

8 The things I liked most about the instructors were...

Name of instructor(s):

9 The areas the instructors could improve upon were...

Name of instructor(s):

10 I first heard about exercise based on Joseph Pilates' teachings (when & how)...

11. I first heard about STOTT PILATES (when & how)...

12. Additional Comments....
