



Personal Experience Evaluation Form

Date:

Location:

What did you hope to gain from participating in the experience? What did you bring to the dialogue?

When were you the most anxious or fearful? Why?

When were you the most inspired or ecstatic? Why?

What did you learn about yourself?

On a scale of 0-10, what is the likelihood that you would recommend this class of a colleague?

NPS:

Would you like the instructor to evaluate your participation at this class? Yes No

May we use your name as a reference for this class? Yes No

Value to you:

\$:

May we use your comments as a testimonial? Yes No

Name

Company

Phone Number

Comments

Thank you for completing this evaluation form and for participating in the session!