



Date: \_\_\_\_\_

Teacher: \_\_\_\_\_

**COURSE EVALUATION**

**Course: BSPTS C2 - 3D Method of Scoliosis Management**

*Please rate the following, with 1 being low and 5 being high. **Please add comments as appropriate.***

1. How pertinent was the information to your professional needs? 1 2 3 4 5

2. How helpful were the course handouts and materials? 1 2 3 4 5

3. Rate the quality of the presentation of lectures. 1 2 3 4 5

4. Rate the knowledge and skill of the teacher. 1 2 3 4 5

5. Rate the knowledge and skill of the lab assistant. 1 2 3 4 5

6. How valuable were the lab sessions? 1 2 3 4 5

7. How well did the facility serve the needs of the course? 1 2 3 4 5

8. Please COMMENT on the strengths and weaknesses of the course content. Describe any areas of content you would expand (or reduce).

9. How could this conference have been more effective? Constructive feedback, please.

10. What was your most significant revelation during this course?

11. Would you recommend this course to another PT? (Please circle one) YES NO MAYBE

NAME (OPTIONAL) \_\_\_\_\_