

Date: _____

Instructor: _____

Course: BSPTS L1 - 3D Method of Scoliosis Management

Please rate the following, with 1 being low and 5 being high. Please add comments where needed.

Was the course at or above entry level PTs? (Please circle one) YES NO

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

2. To what extent were the course objectives met? 1 2 3 4 5

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

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

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

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

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

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

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

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

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

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

13. Can we use your comments about this course or instructor as a testimonial on our website and in other promotional efforts? (Please circle one) YES NO

NAME (OPTIONAL) _____