



## Art of Living Mindfully

Class Date & Time: \_\_\_\_\_

Facilitator(s) \_\_\_\_\_

It is through our participant's suggestions, critiques and feedback that we create and/or alter our classes, presentations and events.

Please take a few minutes to complete this evaluation and hand it back to the facilitator.

1) How would you rate your overall experience with the course?

*not enjoyable at all*

*extremely enjoyable*

1      2      3      4      5      6      7      8      9      10

2) How did you find the content of the course?

*not helpful at all*

*extremely helpful*

1      2      3      4      5      6      7      8      9      10

3) How did you find the workbook and CD useful?

*not useful at all*

*extremely useful*

1      2      3      4      5      6      7      8      9      10

4) What was/were your favourite aspect(s) of the course?

---

---

---

---

5) What was/were your least favourite aspect(s) of the course?

---

---

---

---

6) A) Have you integrated any of the Mindfulness Awareness practices into your daily life?

Yes	<input type="checkbox"/>
-----	--------------------------

No	<input type="checkbox"/>
----	--------------------------

B) If so, which practices? (Please circle all that apply)

3 Minute Breathing Space

Relaxation Breath

Formal Sitting Practice

Slowing Down

Letting Go

Formal Walking Practice

Metta

RAIN

Body Scan

7) If you could change 1 thing about the class, what would it be?

---

---

---

8) Would you consider attending a longer (eg. 1/2+ day long) retreat if offered through BCALM?

Yes	<input type="checkbox"/>
-----	--------------------------

No	<input type="checkbox"/>
----	--------------------------

Please share any other comments

---

---

---

---

We at BC Association for Living Mindfully sincerely **thank you** for your input!