

**Total Body Modification, Inc.**

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# Course Evaluation

Module \_\_\_\_\_

Instructor \_\_\_\_\_

Date \_\_\_\_\_

City, Country \_\_\_\_\_

Student Name \_\_\_\_\_

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The facility in which the course was taught in was adequate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I will use the information that I have learned in my practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The course was challenging and motivated me to learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The course started and ended on time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The course material was consistent with the learning objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The instructor was well organized throughout the course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The instructor was well prepared for the course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The instructor communicated the concepts and techniques clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The instructor treated all students fairly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The instructor asked appropriate questions to challenge my knowledge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. The instructor motivated me to participate.
12. I would suggest this course and instructor to a colleague.
13. I rate my overall course experience as excellent.
14. This course was worth the money I paid to take it.
15. This course was worth my time.
16. I have received excellent service from the home office (phone, email or in person, please leave blank if you have not contacted the home office).

17. How did you hear about THIS seminar?

- Newsletter  Colleague  TBM Order  TBM Instructor  Other \_\_\_\_\_

18. Are you aware of the seminar bundles that allow you to save 5-20%?  Yes  No

19. We'd like to thank the person who referred you, would you please provide us with their name?

20. Please select the box for each Module you are interested in attending.

- Module 1  Module 2  Module 3  Module 4  Module 5  Module M  Module A  Retreats  *Alive!*

21. What Locations are you interested in attending?

- Canada  Europe  United States  Thailand  Mexico  Hong Kong  India  Australia  Other

Please specify City/Region \_\_\_\_\_

22. Are you aware of anyone in your area that is interested in attending a TBM Seminar?  Yes  No

23. What can we do better? \_\_\_\_\_

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