Kid Reiki Levels I & II Training Evaluation

Online or In-Person Class

Please help us gauge the effectiveness of this training and plan for future offerings by answering the following questions as completely as possible.

Name: _____

Mailing Address: _____

Email: _____

Class Location: _____ Dates (MM/DD/YYYY): _____

Instructor(s): _____

Attainment of Objectives

Please rate the teacher's effectiveness in leading each activity.

DAY ONE	5- EXCELLENT 1-POOR
1. Invocation	5 4 3 2 1
2. Inner Child Discussion	5 4 3 2 1
3. Inner Child Experience	5 4 3 2 1
4. Kid Reiki Level I Placement	5 4 3 2 1
5. Heal the Past with Reiki Today Experience	5 4 3 2 1
6. History of Reiki	5 4 3 2 1
7. Practice Sessions	5 4 3 2 1
8. Child Development Concepts	5 4 3 2 1

DAY TWO	5- EXCELLENT 1-POOR
1. Memory Exercise	5 4 3 2 1
2. Releasing Shame Experience	5 4 3 2 1
3. Activities	5 4 3 2 1
4. Divine Heart Symbol: Explanation and how to draw	5 4 3 2 1
5. Level II Placement	5 4 3 2 1
6. Lake of Insight Experience	5 4 3 2 1
7. Practice sessions using Kid Reiki and the Kid Reiki symbol	5 4 3 2 1

I give permission to this teacher to use my comments in their advertising, using only my first name or initials. Yes ____ No ____

Additional comments: _____

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Thank you!