

Please take a few minutes to fill out this form. Your feedback will help your trainer and NADA to improve the quality of NADA trainings.

Name \_\_\_\_\_  
(optional)

Trainer(s) \_\_\_\_\_  
\_\_\_\_\_

Training Dates \_\_\_\_\_

	Needs	Satisfactory	Good	Superior
1. Content of training. Comments:	1	2	3	4
2. Trainer's presentation, ability to explain information, create a learning environment. Comments:	1	2	3	4
3. Trainer's knowledge and experience Comments:	1	2	3	4
4. Planning & organization of training. Comments:	1	2	3	4
5. Trainer's instruction & feedback during clinical practice. Comments:	1	2	3	4
6. Trainer's attitude towards students (respect,encouraging questions, supportive) Comments:	1	2	3	4

7. What were the trainer's strengths in teaching this course?

8. What areas would you want the trainer to work on?

9. What parts of the training did you appreciate most?

10. What parts of the training would you change or omit and why?

11. Did this training meet your expectations? Are you satisfied with your experience? Please explain.

12. Do you have any additional comments?

**CONFIDENTIAL – For the NADA office/Training Chairperson only**

If you have any problems or issues concerning this training that you want to bring to the attention of NADA or the Training Chairperson, you may describe them below, and send this form directly to the NADA office. Please include your name and phone number so that we may follow up with you. This information will be kept confidential.

**National Acupuncture Detoxification Association**

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