This information will be treated confidentially and will be used to help me plan and develop future yoga classes and courses as effectively as possible.

**Name (not essential):**

Please circle on the bars below to indicate your answer & you are welcome to add any extra comments at the end of the form.

**Self-Assessment:**

**1. Do you feel that your flexibility has increased?**

0……………………1…………………………..…2…………………….…3………………………4………………….……..5

(not really) (possibly) (definitely)

**2. Do you feel your strength has increased?**

0…………………….1…………………………….2………………………3…………………………4………………………..5

(not really) (possibly) (definitely)

**3. Has your ability to concentrate developed?**

0…………………………1…………………………2…………………………3…………………….…4……………………….5

(not noticed) (possibly) (definitely)

**4. Has your ability to relax grown?**

0…………………………1…………………………2…………………………3……………….………4……………………….5

(not noticed) (possibly) (definitely)

**5. Do you feel you have the confidence to practice yoga at home?**

0…………………………1…………………………2…………………………3………………….……4……………………….5

(no) (somewhat) (definitely)

**Course Evaluation:**

**1. How did you find the pace of the classes?**

0……………………….1…………………………….2……………………..3………………………..4………………………..5

(too slow) (about right) (too fast)

**2. Could you easily follow all instructions?**

0……………………….1…………………………….2……………………..3………………………..4………………………..5

(no) (mostly) (yes)

**If not, what would be helpful?**

**4. Was the level of posture work challenging enough for you?**

0……………………..…1……………………. ……2……………………..3…………………………4………………..……….5

(no) (about right) (too strong)

**5. Did you feel that the practices contained enough modification so you could choose to practice at a suitable level?**

0……………………..…1……………………. ……2……………………..3…………………………4………………..……….5

(no) (sometimes) (yes)

**6. Were you happy with the length of the relaxation?**

0……………………….1…………………………….2………………..……3…………………….….4…………….…………..5

(too long) (about right) (could be longer)

**7. Would you have liked more handouts to help you practice at home?**

0……………………….1…………………………….2……………..………3………………….…….4………………………...5

(no) (maybe ) (yes)

**8. Have you found any practices particularly challenging? Please note below and explain why:**

**9. How would you describe the teacher’s approach?**

**10. Any additional comments?**

Thank you for taking the time to give your feedback!