

Rapid Eye Technology Session Evaluation

Name : _____

Address : _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

May we use this information for statistics, advertisements, and/or student feedback? Yes No

1. Please rate the Technician's explanation of this session:

- a. Clearly understand
- b. Somewhat understand
- c. Unclear (*explain*) _____

2. Briefly describe your experience of the RET session:

3. Feedback for the Skills for Life Coaching from Technician:

04/19

For Official Use Only - Technician Please fill Out

Student Name: _____ Student Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

May we use this information for statistics, advertisements, and/or student feedback? Yes No