

# 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?*

Circle: Yes No

Session Being Run Today: \_\_\_\_\_ Date: \_\_\_\_\_

**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:

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Technician Name: \_\_\_\_\_