



Evaluation Form *class, teacher, studio*

Your honest feedback helps us create a dynamic, vibrant yoga community center - which in turn helps create a wellness based economy in South Tahoe. Please help us improve !!!

day _____ class time _____ class name _____ teacher name _____

Will you return to this class? (circle one or leave your own answer)

(1) YES - I feel great! (2) Probably, but I'm still shopping. (3) Maybe if there are some changes. (4) No.

USE MARK TO RATE THESE:	AWE-SOME ✓	GOOD ✓	OK ✓	BAD ✓	COMMENTS	EXAMPLE COMMENT TOPICS
<i>Class timing and pace</i>						transitions, 2 sides even, posture length, rests
<i>Matched the schedule description</i>						class was (insert adjective) than it was described
<i>Teacher's posture, breath and rest flow</i>						balance of standing, seated, back, forward, side, twists, inversions, resting
<i>Instructions + dialogue</i>						understandable, felt correct, insightfulness
<i>Teacher's presence</i>						friendliness, approachability, attentiveness
<i>Studio cleanliness</i>						
<i>Studio schedule</i>						

What is your experience with yoga? What are your favorite styles and studios?

Would you like to be contacted by a studio manager? If so, leave your name and number/email below:

Please also use backside of this paper for additional comments, and thank you for your time !!!