

# **“Cash Client Revolution” Course Evaluation**

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Instructor Name: \_\_\_\_\_

Date(s) of Course: \_\_\_\_\_

City & State of Class \_\_\_\_\_

	strongly agree	agree	disagree	strongly disagree	no opinion
1. Instructor was dynamic and knowledgeable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Information was useful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Materials provided were of high quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Information is practical and can be applied immediately	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Presentation was well organized and easy to follow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The dates of this course were convenient for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The location of this workshop was good for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I would recommend this course to other therapists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I recommend this course to PT/OT/SLP schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I would like to attend other courses offered by IndeFree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What did you like BEST about this course?

What did you like LEAST about this course?

What would you say to someone considering this course?

Your Occupation:             Physical Therapist             Occupational Therapist  
    Speech Language Pathologist     Staff Member     Other:

How long have you been practicing as a therapist?    \_\_\_\_years            \_\_n/a

Do you own your own practice?    \_\_\_\_YES    \_\_\_\_NO

How did you hear about the this course? \_\_\_\_\_

Is there anything you would like to say to the instructors or IndeFree?  
(Complete at the end of the course)

Name \_\_\_\_\_ Your home city & state \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone \_\_\_\_\_

**Yes**, you can use my comments, videos and information in your literature.

Signature \_\_\_\_\_ Date \_\_\_\_\_