

**C ENTERED RIDING, INC. P.O. Box 157, Perkiomenville, PA 18074
610-754-0633 / Fax 610-754-0634 email – office @centeredriding.org**

CLINIC FEEDBACK FORM

PLEASE GIVE US SOME FEEDBACK ON THIS CLINIC & ANY SUGGESTIONS FOR FUTURE CLINICS. PLEASE GIVE THIS FORM TO THE CLINICIAN OR THE CLINIC ORGANIZER, OR YOU MAY SEND IT DIRECTLY TO THE CR OFFICE AT THE ADDRESS BELOW. YOU NEED NOT SIGN THIS FORM, BUT YOU MAY INCLUDE YOUR NAME IF YOU CHOOSE. THANK YOU!

CLINIC DATE: _____ LOCATION: _____ CLINICIAN: _____
_____ CLINIC RIDER _____ PARTICIPATING INSTRUCTOR _____ STUDENT RIDER _____ AUDITOR
TYPE OF CLINIC: _____ OPEN CR CLINIC _____ CR INSTRUCTOR COURSE _____ CR INSTRUCTOR UPDATE CLINIC

HOW WELL WAS THE CLINIC ORGANIZED?

DID YOU RECEIVE ADEQUATE INFORMATION, HELP & COOPERATION FROM THE CLINIC ORGANIZER?

HOW WERE THE FACILITIES?

HOW WELL DID THE CLINIC SCHEDULE WORK?

PLEASE COMMENT ON THE CLINICIAN(S) AND THE QUALITY OF INSTRUCTION:

HOW WELL DID THE INSTRUCTION MEET YOUR NEEDS?

WHAT DID YOU FIND MOST HELPFUL?

WAS THERE ANYTHING YOU FOUND CONFUSING OR NOT HELPFUL?

WERE THERE ANY TOPICS YOU WISH COULD HAVE BEEN COVERED?

ANY SUGGESTIONS FOR FUTURE CLINICS OR OTHER COMMENTS?

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