Final Collation of MBCPM™ End of Course Evaluations

Facilitator(s) Name:			
Date of Course:			
Training:	MBCPM™ Patient Course		
Site:	Online via Zoom		
Number Scheduled to start the course:			
Number at the beginning of the course:			
Number consistently attending the course:			
Number doing the evaluation at the final session:			
Drop Out Rate:	**0 =**	**0 %**	**0% of those beginning the training**

		Strongly Disagree	Disagree	Undecided or Neutral	Agree	Strongly Agree	Did Not Answer
1.	**I found these sessions to offer a positive learning experience**	%	%	%	%	%	%
2.	**The combination of presentation, small groups, discussion, and meditation was effective**	%	%	%	%	%	%
3.	**I found the guidelines for working together promoted open and honest communication in the sessions**	%	%	%	%	%	%
4.	**I felt comfortable participating and contributing**	%	%	%	%	%	%
5.	**My opinions were listened to and respected**	%	%	%	%	%	%
6.	**The sessions were successful in helping me manage my pain and/or emotional pain better**	%	%	%	%	%	%
7.	**The leader(s) and assistant(s) were courteous and helpful**	%	%	%	%	%	%
8.	**I found that the length of the course was appropriate**	%	%	%	%	%	%
9.	**The out of class work assignments/meditations helped my personal progress**	%	%	%	%	%	%
10.	**I found the resources and readings helpful**	%	%	%	%	%	%
11.	**I applied the learning from class to my own situation**	%	%	%	%	%	%
12.	**I am better able to connect pain with stressful events**	%	%	%	%	%	%
13.	**The process to sign up for the course is user friendly**	%	%	%	%	%	%

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14.	**I would recommend this course to others**	%	%	%	%	%	%
15.	**What are two things you have learned after participating in the Mindfulness course?**						
▪							
16.	**What changes have you noticed in yourself as a result of participating in the Mindfulness course?**						
▪							
17	**What suggestions could you offer for future Mindfulness groups?**						
▪							

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