Fit to Perform Wellness/Active Sessions Feedback Form

*Please take a few minutes to tell us what you thought of the Fit to Perform sessions. Your comments and feedback are extremely valuable to us. Thank you very much!*

 **What is your name? (optional)**

**What is your email address? (optional)**

**What session(s) did you do?**

**What is one valuable concept you took away from this session?**

**What 2 or 3 other things did you learn from this session that changed your previous thinking?**

**What would you say to someone thinking about doing this session? How would you describe it?**

**Specifically, what was your favorite part of the session?**

**Will you continue to do any of these practices? Would you do this again? Why?**

**Do you have any other comments you would like to add?**

**Can I share your comments as a testimonial?** YES or NO (circle)

*Thank you so much for your feedback!*