



Couples Course Evaluation Form

Name: _____

Date: _____

Thank you for taking the time to complete this Course Evaluation Form. Your honest feedback will help me continue to improve my programs.

Rating 1-Very Poor 2-Poor 3-Good 4-Very Good 5-Excellent

1 2 3 4 5

General - Rate your course:

1. Did this course help you achieve personal awareness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you learn more about your Relationship that you weren't aware of before the course?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you feel more committed to working on your relationship success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ability to instill trust and make you feel safe when sharing your feelings and thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Overall level of support and care from your partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Content – Work Exercises:

1. Did you like the videos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you like the work exercises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you find the course material helpful and want to work on your relationship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you find the course difficult to complete and why? (Write comments below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Relationship – Success and commitment:

1. Did this course help your relationship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you feel the information presented in the course helped?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Circle which of the modules were most helpful and informative.					
	Module 1 – Module 2 – Module 3 - Module 4 Module 5 – Module 6 – Module 7 - Module 8				

Would you recommend this course to other couples?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you complete all your assignments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you didn't complete all your assignments explain why?		

Additional Comments:

By submitting this evaluation, you have granted your permission to use your comments as a testimonial on my social media accounts. Thank you for your support.