

Parent/Caregiver Feedback



Your name(optional): _____

Name of your IBYF: _____

Your child's age: _____

Please take a few minutes to let me know how you feel. Thank you for your participation.

	Needs to improve	Fair	Good	Very Good	Excellent
Was well prepared for each session	1	2	3	4	5
Understood the subject matter well	1	2	3	4	5
Was able to go with the flow of babies/toddlers	1	2	3	4	5
Stimulated discussion & involvement among parents	1	2	3	4	5
Demonstrated poses or techniques clearly	1	2	3	4	5
Discussed and/or answered questions	1	2	3	4	5
Made you feel good	1	2	3	4	5

♥ What are my strengths?

♥ In what area can I improve?

♥ Did the course meet your expectations? Yes/No (Circle one) If not, why not?

♥ How did yoga help your baby and/or your relationship with your baby?

♥ What changes would you suggest?

If you'd like to share anything special with Helen Garabedian, founder of Itsy Bitsy Yoga International, she'd love to hear from you! E-mail Helen@ItsyBitsyYoga.com. Thank you.