# FUNDAMENTALS OF SOMATIC EXPERIENCING®
# EVALUATION

LOCATION: _____

DATE: _____ _____ _____

PRESENTER: _____ _____ _____

COORDINATOR: _____ _____

YOUR NAME: _____ _____

ADDRESS: _____

EMAIL: _____

1. Which elements of the Fundamentals of SE® were of particular value to you professionally? Please be specific in your answer.

2. Please list any concepts presented during the Fundamentals of SE® that were difficult for you.

3. Were there any concepts presented in the Fundamentals of SE® that you feel were inadequately explained, or suggestions you may have that would facilitate a clearer presentation of any concept? Please be as specific as possible.

4. Using a scale of 1 (poor) to 10 (outstanding), please rate the **presenter** in the following areas:

   a. Ability to create a safe container for the class: _____
   b. Sensitivity to the needs of the class / individuals: _____
   c. Knowledge of Somatic Experiencing®: _____
   d. Ability to allow enough time to process SE course material: _____
   e. Professional manner and courtesy to others: _____

6. Please share a few comments or questions regarding the format, presenter, or any other aspect of this Fundamentals of SE®. Use the back of this paper, if necessary.