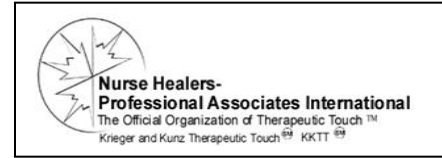




Therapeutic Touch International Association &
Nurse Healers-Professional Associates International, Inc.
PO Box 130 Delmar, NY 12054
518-325-1185 Fax: 509-693-3537
www.therapeutictouch.org E-mail: TTIA@therapeutictouch.org



REFLECTIONS FROM THERAPEUTIC TOUCH COURSE PARTICIPANTS

Date of course: _____ # Hours _____ Facilitator(s) _____

Please take a moment to share your reflections about this TT course. Your feedback about our course is important to us. It will help us understand what has been helpful and what we might be able to improve upon. Thank you!

1. What was a highlight for you of this course?

2. Describe how you will use/integrate TT into your life as a result of taking this course.

3. Describe how you might continue your study of TT. Are you interested in taking other courses? If yes, please print your name and email address.

4. Have you any suggestions for improving future TTCC courses?

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