

# Reiki Online Class Testimonial

Class Date \_\_\_\_\_ Teacher \_\_\_\_\_ Class Level \_\_\_\_\_

Name \_\_\_\_\_ Email address \_\_\_\_\_

*I give permission to the ICRT to use my answers in any of their publications.*

Yes      No

Please describe your overall experience of the class.

Please describe your experience of the placements or ignitions.

Please describe your experience of the presentation of the class information.

What are the things you liked most about the class?

What do you think could be improved?