

**Student Evaluation Form**

Your Readers Name \_\_\_\_\_

Have you met your reader before this course	Yes	No		
Did they connect with spirit?	Yes	No	Maybe	
Did they connect to your life?	Yes	No	Maybe	N/A
Are you satisfied with the reading?	Yes	No	Maybe	
If you normally have readings, would you have paid to have a reading with this student?	Yes	No	Maybe	
Grade 1 - 10 (10 being the highest)	1-2-3-4-5-6-7-8-9-10			

**Comments:**

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