## **Yoga Instructor Certification Curriculum Feedback**

Name (optional):
Overall Evaluation
What are your general impressions of the curriculum?
What are your general impressions of the cambalant.
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Course Content
What aspects of the curriculum content are most effective or valuable?
Are there any topics you feel need more emphasis or improvement?
Instruction & Delivery
How do you find the teaching methods and instructional materials?
Are there arough practical evereigns and expertunities for hands on practice?
Are there enough practical exercises and opportunities for hands-on practice?

## **Support & Resources**

Are the resources and support provided helpful for your learning?

Suggesti	ons & Additi	ional Comm	ents		
		suggestions to imp		n?	