

Academy of the Cultural Arts & Life Sciences

Reflexology Session Evaluation Form

Practitioner Name: _____ Session Number: ___ / 6 Date: _____

Client Name: _____ Client Phone: _____ Client Email: _____

1. Session Experience

a. How would you rate the overall experience of this session?

(1 being very poor, 10 being excellent)

1 2 3 4 5 6 7 8 9 10

b. How would you rate the comfort of the environment during the session?

(1 being very uncomfortable, 10 being very comfortable)

1 2 3 4 5 6 7 8 9 10

c. How would you rate the practitioner's professionalism?

(1 being very unprofessional, 10 being very professional)

1 2 3 4 5 6 7 8 9 10

d. How would you rate the practitioner's communication and explanation of the process?

(1 being very poor, 10 being excellent)

1 2 3 4 5 6 7 8 9 10

2. Physical and Emotional Response

a. How would you rate the effectiveness of this session in addressing your physical concerns?

(1 being not effective, 10 being very effective)

1 2 3 4 5 6 7 8 9 10

b. How would you rate the effectiveness of this session in addressing your emotional concerns?

(1 being not effective, 10 being very effective)

1 2 3 4 5 6 7 8 9 10

c. Did you experience any discomfort during or after the session?

- Yes
- No

If yes, please describe: _____

3. Progress Over Time

a. Have you noticed any improvements in your condition since the last session?

- Yes
- No

If yes, please describe: _____

b. Have you noticed any changes in your overall well-being since beginning these sessions?

- Yes
- No

If yes, please describe: _____

4. Feedback and Suggestions

a. What did you find most beneficial about this session?

b. What areas do you feel could be improved?

c. Do you have any specific goals or areas of focus for the next session?

5. Additional Comments

Please provide any additional comments or suggestions:

Client Signature: _____

Date: _____

This form is designed to be used after each session, allowing both the practitioner and the client to track progress, address concerns, and make adjustments as necessary. If you need any modifications or additional sections, feel free to let me know!