



THE HEALING TRUST

70 YEARS OF HEALING

STUDENT SELF REFLECTION/FEEDBACK FORM PARTS 1 to 4

This form is intended to be an opportunity for self-reflection and to share your insights with your Tutor about your experience on this Part of the Healing Trust training course.

Student Name:		Student Membership No:				
Tutor:		Course: (please tick)	Part 1	Part 2	Part 3	Part 4
Date:						

1. What skills or knowledge do you feel you have gained from this Part of the course?	
Please comment:	
2. How did you find the balance of theory and practice?	
Please comment:	
3. How well do you feel you understood any new concepts?	
Please comment:	
4. Do you feel you need any more help to understand these concepts?	
Please comment:	
5. Did you feel comfortable with the pace of the course?	
Please comment:	
6. If you have any special needs that you shared with your tutor prior to the course are you happy these needs were/are being met?	
Please comment:	
7. Any other comments you would like to share with your tutor?	
Please comment:	

Thank you for taking the time to answer these questions in full for your tutor and for your self-reflection.