

Castellino Prenatal and Birth Therapy Training  
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## Participant Feedback for Womb Surround Process Workshop

\_\_\_\_\_ —  
dates

\_\_\_\_\_ —  
city, state

It is important to us that we have your feedback on how you experienced the process workshop. Please return this form at the workshop, or mail or email it to the address(es) above.

Name: \_\_\_\_\_

1. Did this workshop meet your purposes for coming?
  
2. What was most useful to you in this workshop?
  
3. How was your interaction with Ray? Do you have any suggestions that would improve your contact with him and his support of you?
  
- 3a. (If applicable) How was your interaction with Mary? Do you have any suggestions that would improve your contact with her and her support of you?
  
4. Was there something that did not work for you or was challenging for you in a way that could warrant a change? If yes, please explain. What recommendations would you make that would improve the situation?
  
5. How was your contact with Sandra and/or Forrest concerning administrative tasks? Do you have any suggestions that would improve your contact with them and their support of you?
  
6. Please write any comments that you have. May we put your comments on our website or in brochures?  
Yes  No  . Thank you.