

FEEDBACK SURVEY

Thank you for your participation at the Holotropic Breathwork Panel & Workshop Weekend in Victoria, BC, Nov 17 – 18, 2017. Your feedback is vital in helping us to plan upcoming events/workshops/training opportunities.

1) Please rate your level of satisfaction with the following:

	Not satisfied			Very satisfied	
Programming/Content	1	2	3	4	5
Registration	1	2	3	4	5
Food	1	2	3	4	5
Location	1	2	3	4	5
Scheduling	1	2	3	4	5

2) The Holotropic Breathwork Weekend helped me to meet the following learning objectives:

A. Didactic

	Disagree			Agree	
To trace the origins of the Holotropic Breathwork approach to western and and eastern healing approaches	1	2	3	4	5
To situate current Holotropic Breathwork practice alongside the resurgence of psychedelic medicine research	1	2	3	4	5
To identify the screening questions, health conditions that require discussion and contraindications of Holotropic Breathwork	1	2	3	4	5
To define non-ordinary states of consciousness and describe the types of experience using the Grof Expanded Cartography of the Psyche	1	2	3	4	5
To describe the practices involved in each stage of the Holotropic Breathwork approach from preparation through integration	1	2	3	4	5

B. Experiential

To engage in the process of activating non-ordinary states using the Holotropic Breathwork	1	2	3	4	5
To support the non-ordinary experience of another	1	2	3	4	5
To distinguish the support of a ‘sitter’ from the support of trained facilitators	1	2	3	4	5
To observe the range of non-ordinary experiences	1	2	3	4	5
To reflect at the end of the day on the uniqueness and universality of non-ordinary state experiences	1	2	3	4	5

C. Overall Satisfaction with Workshop and Presenters/Facilitators

Overall, I am satisfied with the Holotropic Breathwork Weekend as a Learning experience supportive of my continuing professional growth

	Not satisfied			Very satisfied		
	1	2	3	4	5	N/A

PRESENTER(S) AND/OR FACILITATOR(S):

Overall I am satisfied with the following presenters and/or facilitators whom I interacted with:

Stan Grof (via live video)	1	2	3	4	5	N/A
Ingrid Pacey	1	2	3	4	5	N/A
Carolyn Green	1	2	3	4	5	N/A
Donna Dryer	1	2	3	4	5	N/A
Wendy Barrett	1	2	3	4	5	N/A
Jack Bowering	1	2	3	4	5	N/A
Renn Butler	1	2	3	4	5	N/A
Jane Cooper	1	2	3	4	5	N/A
Neil Hanon	1	2	3	4	5	N/A
Richard Yensen	1	2	3	4	5	N/A
Kevin Parker	1	2	3	4	5	N/A

* N/A – *I did not interact directly with this presenter/facilitator or hear them present.*

3) Do you have any other suggestions/comments and feedback?

4) Contact information (**OPTIONAL**)

Name: _____

Email: _____ Please sign me up for your mailing list

Please return your completed survey to the registration desk. Alternatively, you can fax it to 250 323-3555 or email to info@psychedelicpsychotherapy.ca Thank you.