

TBH FLEX CLASS SURVEY RECORDING FORM

- Use this form to record responses to the class survey. Use one column per class.
- At the end of each class, administer the questions below verbally.
- Ask your students to raise their hands if they agree with the question. Count and record the number of students who raise their hands or say "yes."
- Record additional comments or suggestions that they share on the back of the sheet.
- Submit the responses by scanning and emailing this form to info@totalbrainhealth.com or mail this record form to: Total Brain Health 89 Commerce Road Cedar Grove NJ 07009.
- Questions? Email us at info@totalbrainhealth.com

COMMUNITY NAME:																	
CLASS NO.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
# STUDENTS																	
ASK STUDENT	S "R	RAISE	YOU	R HA	ND II	F YOU	J"	REC	ORD	NO.	THA	ΓIND	ICAT	E "YE	S"		
ENJOYED TODAY'S CLASS																	
LEARNED SOMETHING HELPFUL TODAY																	
FELT GOOD ABOUT CLASS TODAY																	
LIKED LEARNING WITH OTHER PEOPLE TODAY																	
WILL TRY WHAT YOU LEARNED TODAY ON YOUR OWN																	