



Massage in Schools Program

Teacher Feedback Form

What was your response to the MISP training and program?

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How did your children respond? Note their comments:

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What were the responses/comments of the parents?

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Do you recommend any changes in order to better facilitate the MISP in your classroom?

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Is there any way I can support your continuation of the MISP?

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Thank you for your feedback. Feel free to contact me by phone \_\_\_\_\_  
or email \_\_\_\_\_ with any questions or concerns.

Your willingness to pioneer the Massage in Schools Program with your children is truly appreciated.