

**STUDENT EVALUATION**

Name of student giving message: \_\_\_\_\_

Name of person receiving message: \_\_\_\_\_

Date: \_\_\_\_\_ Length of massage: \_\_\_\_\_ (must be initialed by client): \_\_\_\_\_

*Thank you for filling out this evaluation as completely and honestly as you can. **Please use as much detail as you can in describing your massage experience with the student.** Your description will help the instructor evaluate the progress of the student and the student's understanding of, and ability to apply, the course objectives. You will also be providing valuable feedback the student can use to help assess his or her own progress.*

In evaluating the student, please answer the questions, circle the answer, or circle a number where you see a scale of 1 through 5, with 1 representing the lowest value (poor) and 5 the highest (excellent). *After evaluating the student, please explain your evaluation in the space provided.*

1. Describe the student's attitude and appearance:

2. Describe the environment in which the massage took place:

3. The student will gather information about your health and well-being by giving you a Confidential Health Information Form and by conducting an oral interview. Do you feel that the student gained sufficient information about you? Circle answer:

- a) Yes
- b) No

Please explain:

4. Evaluate the student's use of massage techniques: 1 2 3 4 5

Please explain:

Please continue on back ⇒

5. Evaluate the student's use of lubrication: N/A 1 2 3 4 5  
Please explain in terms of type, amount, temperature, etc.:
  
6. Evaluate the student's use of pressure: 1 2 3 4 5  
Please explain in terms of magnitude (enough, too much, too little) and application (even, uneven):
  
7. Evaluate the student's quality of touch: 1 2 3 4 5  
Please explain in terms of sensitivity:
  
8. Evaluate the student's draping technique: N/A 1 2 3 4 5  
Please explain in terms of your comfort with the kind of draping and whether you felt over-draped or too exposed:
  
9. Evaluate the student's use of time: 1 2 3 4 5  
Please explain:
  
10. Evaluate how well the student addressed any specific needs or symptoms you discussed before or during the massage (for example, the style of massage requested [relaxing or invigorating], level of pressure, draping, or stiffness or soreness): 1 2 3 4 5  
Please Explain:
  
11. What would make another massage with this student more effective for you?

Additional Comments: