

**CUMBERLAND INSTITUTE INTERN CLINIC
INTERN EVALUATION FORM**

Intern Name: _____

Thank you for receiving therapeutic massage in the Intern Clinic at Cumberland Institute. Due to the nature of our internship, we ask that you take a few moments to evaluate your massage experience. Your honest and objective feedback will prove beneficial to the quality of services offered in the clinic on an on-going basis. Your additional comments and /or suggestions are welcomed and appreciated.

Client: Please check the appropriate response based on your experience.

	Yes	Somewhat	No
Appropriate communication skills	()	()	()
Cordial, Courteous	()	()	()
Projected Professionalism	()	()	()
Reviewed Intake Information	()	()	()
Appropriately assessed your Needs	()	()	()
Respectful Draping Technique	()	()	()
Adequate Use of Lubrication	()	()	()
Attentive to your pressure needs	()	()	()
Smooth Flow/ Transition of Strokes	()	()	()
Reduced your Stress Level	()	()	()
Created a Safe Environment for you	()	()	()
New Client Only:			
Instructed Removal of Clothing	()	()	()
Instructed Positioning on Table	()	()	()
Instructed Location of Restroom	()	()	()

The best thing the Intern did was:

In the future, I would suggest the Intern:

Additional Comments/ Suggestions:

Please place your response in the marked box. This information will be reviewed by the Intern Clinic Instructor.