

CASE STUDY FORM

Certified Practitioner's Name:

Date:

Student/recipient name:

Were you a student? ____ Were you a recipient? _____

(Please answer questions, based on your participation)

STUDENT:

1. Was the presentation of the points easy to understand? Do you feel confident in the ability to practice Bio-Touch?
2. After this workshop, how would you describe Bio-Touch and how it works?
3. Did the Certified Practitioner share other Foundation programs and explain how to access them? Please explain what other training programs you were offered.

RECIPIENT:

1. How did you feel before and after your Bio-Touch session?
2. After your session could you explain Bio-Touch and how it works? If so, please explain.
3. How did you feel about the professionalism of the Certified Practitioner's practice of the technique?
4. What are the ways that you can learn Bio-Touch?
5. Please tell us more about your healing journey with Bio-Touch.