



## TOUCH DRAWING WORKSHOP PARTICIPANT FEEDBACK

*The feedback and stories you provide support both the development of your Touch Drawing teacher and the work of The Center for Touch Drawing. Continue on back of sheet if you need more room.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone/email: \_\_\_\_\_

1. What was most valuable in your Touch Drawing Experience?

2. Is there something you would have liked done differently?

3. Please share something about your transformational experience.

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