Name	

Oiai School of Canine Massage

Student Interview Questionnaire
The following questions are designed to assist us in determining how to best serve your educational needs. We consider each individual as unique. This questionnaire will help us determine how to best serve you and the community.
1. How did you hear about this program?
2. Why are you interested in taking this program?
3. What do you wish to get out of this program and what are your dreams and visions for the future?
4. Do you have or have you recently had a communicable disease?
5. Do you have any physical injuries or limitations (recent or past?)
6. Do you have any allergies, or allergic reactions, that you are aware of?
7. Have you ever been convicted of a serious crime or felony?
8. Do you know of anyone else who may be interested in taking this program? If so, please include name and telephone number.