

BIRTHLIGHT

Class Observation Form



(To be completed by yourself after each class you observe)

Name of Teacher:

Name of Organisation:

Venue:

Date:

Time of Class:

Duration of Class:

Number in Class: One-to-one Group (how many ___)

Type of Class Observed (please circle)	Perinatal yoga	Postnatal yoga	Baby massage	Baby Yoga
	Baby Swimming	Aqua Yoga	Well Woman Yoga	Other

BRIEF DESCRIPTION OF CLASS CONTENTS:

YOUR COMMENTS:

WHAT DID YOU LEARN FROM THIS OBSERVATION:

Signature of Teacher Visited: _____