

BIRTHLIGHT

Group Practice Class Form

(To be completed after each class you teach)



Class No:

Your Name:

Venue:

Time of Class:

Group Size:

Women's Names & Weeks of
Pregnancy / Baby's Names & Ages:

Date:

Duration of Class:

YOUR COMMENTS ON THE CLASS:

WHAT WENT WELL?

WHAT DID NOT GO SO WELL & WHY?

WHAT WOULD YOU HAVE LIKED TO DO DIFFERENTLY & WHY?