# smalllogoBIRTHLIGHT

# Group Practice Class Form

(To be completed after each class you teach)

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| --- | --- | --- | --- |
| Class No: |  |  |  |
| Your Name: |  |  |  |
| Venue: |  | Date: |  |
| Time of Class: |  | Duration of Class: |  |
| Group Size: |  |  |  |
| Women’s Names & Weeks of Pregnancy / Baby’s Names & Ages: |  |  |  |

YOUR COMMENTS ON THE CLASS:

WHAT WENT WELL?

WHAT DID NOT GO SO WELL & WHY?

WHAT WOULD YOU HAVE LIKED TO DO DIFFERENTLY & WHY?