

# BIRTHLIGHT

## Mentor Feedback Form



(To be completed by the mentor and yourself after each class)

Your Name:

Name of Mentor:

Venue:

Date:

Time of Class:

Duration of Class:

Number in Class:

One-to-one

Group (how many \_\_\_)

Type of Class Observed  
(please circle)

Yoga for  
Maternity

Aqua Yoga

Nurturing Baby  
Massage

Baby/Toddler  
Yoga

Baby/Toddler  
Swimming

Well Woman  
Yoga

TEACHING STYLE: e.g. confident use of voice (inc. song & chanting) / clarity of instruction / demonstration of practices / flow of class / attention to group and individuals / use of props and/or modifications / own comments

LEARNING POINTS IDENTIFIED BY THE MENTOR: e.g. range of practices taught / what could have been given more time / what could have been left out / what could have been included / adequate response to student's needs / time for relaxation / own comments

JOINTLY AGREED COMMENTS:

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