**PRACTICE RECORD FORM**

**WEEK 6**

**Record on this form each time you practice. Make notes for discussion at the next session.**

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| **Day/date** | **Practice****(Yes/No)** | **Comments** |
| Day/Date: | Guided meditation:Breathe: |  |
| Day/Date: | Guided meditation:Breathe: |  |
| Day/Date: | Guided meditation:Breathe: |  |
| Day/Date: | Guided meditation:Breathe: |  |
| Day/Date: | Guided meditation:Breathe: |  |
| Day/Date: | Guided meditation:Breathe: |  |