 **Mindfulness Evaluation form for parents**

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| Name of child (optional): …………..…………………………………………. Class: ……………………………………………….. | |
| Has your child talked to you about what we have been learning in class in the Paws.b course? |  |
| Do you feel the course has  been of value for your child? |  |
| Has your child made use of any of the practices that you know of? *(Please circle as appropriate)* | How many breaths / Tummy and chest breathing / Pause and Be / FOFBOC / Finger breathing / Petal practice |
| Would you be interested in sending your child to a Paws.b club outside of school hours? |  |
| Might you be interested in  - Family Paws.b sessions, so you could learn alongside your child?  - An adult mindfulness course held at the school? |  |
| Any other comments you would like to add? |  |
| Testimonials are always welcome! (they are published on my website on social media to inspire others). If you write your name on this form, please let me know if you wish your testimonial to be anonymous |  |

**Thank you for your time!**

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