

PERSONAL LEARNING RECORD

CLIENT NAME _____ Date _____

Learning Session # _____ Time started _____ Time ended _____

What were your learning objectives (or, what was your homework assignment)?

Where did you complete this session (home, work, gym, etc.), and why?

Degree of success? none somewhat acceptable very good excellent

Subjective value of session? _____ (1 to 7, poor to excellent)

Did you record data? YES NO

Initial CO2 level _____ CO2 range during session _____ Ending CO2 level _____

Did you do any self-observation? If so, what was it and what did you learn?

What dysfunctional behaviors did you work on, if any? If so, what were they, and what did you do?

What new behaviors did you work on? If so, what were they, and what did you do?

Did you challenge yourself? If so, what were the specific challenges, and how did you do?

Did you do any desensitization work? If so, what did you do?

What emotions did you work on, if any? What did you learn?

Did you do any negative practice? If so, what did you do and what did you learn?

Did you do any biofeedback? If so, what did you do and what did you learn?

What were your successes during this session, if any? What did you learn?

What were your difficulties during this session, if any? What did you learn?

What changes have you observed in your breathing, and its effects on you, if any?