

# BIRTHLIGHT

## Perinatal Yoga 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)                      Pregnancy Yoga                      Postnatal Yoga

Please comment on all of the following points.

### TEACHERS EFFECTIVENESS IN TEACHING:

Asana- clear modeling, clarity of instruction, appropriate refinements or modifications

Breathing and Pranayama

Relaxation

The structure, flow and pace of the class ~ Appropriate use of props ~ Confident use of voice (sound/chanting)

How did the teacher respond to the needs of the women individually and as a group?

How did the teacher manage the different stages of pregnancy / postnatal women?

Did the teacher address any specific symptoms with options/alternative practices/extra props etc?

How were the group dynamics? friendly/supportive..?

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: