

Embodiment Practices

Self Reflection Handout

Best time of day to engage in my Embodiment Practice is:

- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Mid Day | <input type="checkbox"/> Night |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> Time: _____ |

My Current practice includes the following:

(Add and change your practice as you discover more activities that you would like to incorporate)

- | | |
|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Meditation | |
| <input type="checkbox"/> Walking | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Reading | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

I will spend _____ amount of time in my practice daily.

My personal feedback on what I am enjoying and what I find challenging:

I know I am making progress because:

I _____ commit to myself and my personal journey of self-empowerment:

Signed: _____ Date: _____