Prana Pilates

Teaching Form

Name: _____ ***Date of Class:*** _____

What Element was your class for?

_____

Start Time: _____ ***End Time:*** _____

Integration & Reflection

- Where did you feel most aligned and confident in your teaching today?

- What part of class felt the most challenging for you, and why?

- How connected did you feel to your students while teaching?

- What is one thing you would celebrate about your teaching from this class?

- What is one thing you would like to refine or improve before your next class?