

## This page contains the Session Celebration Form that you'll submit as the Practitioner for your practice sessions.

Your Email Address *	
Your Name *	
Please select the number of this session (out of 50). *	
1 •	
Client's First Name and Last Initial *	
Date of Session with this Client *	
Client's Email Address *	
What type of session was this? *	
O In Person	
Phone	
Video Conference (Skype, Zoom, Facetime, etc.)	
What was the length of this session? *	
45 minutes	
1 hour	
75 minutes	
90 minutes	
2 hours	
Other	
If you colorted "Other" for the length of the corrien places let us know the length of the to-	ccion
If you selected "Other" for the length of the session, please let us know the length of that se	ssion.

How many	/ sessio	ns ha	ve yo	ou ha	ad wi	th	this	clie	nt? *							
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O No																
l was orga	ınized.	sie .														
O Yes																
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Client Experience (rate each part below on a scale of 0-to-10 with 10 being

Phrase #3 *
SUD Scale for Phrase 3 (First)  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
SUD Scale for Phrase 3 (1st Retest)  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
SUD Scale for Phrase 3 (2nd Retest)  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Phrase #4 *
SUD Scale for Phrase 4 (First)  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
SUD Scale for Phrase 4 (1st Retest)  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
SUD Scale for Phrase 4 (2nd Retest)  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Phrase #5 *
SUD Scale for Phrase 5 (First)  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
SUD Scale for Phrase 5 (1st Retest)  0 1 2 3 4 5 6 7 8 9 10
SUD Scale for Phrase 5 (2nd Retest)  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

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1 felt creative while conducting this session. *  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
I felt that I was flexible with the client during this session. *
0 1 2 3 4 5 6 7 8 9 10
I effectively tested and retested for resolution. *
0 1 2 3 4 5 6 7 8 9 10
How many times did you gather SUD scale numbers? *
Did you use testing methods other than telling a story? (i.e, How did you retest?) *
I used the following technique(s) during this session. (Check all that apply.) *
□ Touch and Breathe
□ Talk and Tap
Sneaking Up on the Pain
Tearless Trauma Technique
Chasing the Pain
The Movie Technique
<b>☑</b> Other
What other modalities or tools did you use during this session?
I performed the following as part of my session closing with the client (check all that apply): *
Celebration of what was healed
<ul> <li>Helped the client integrate their experience (asked them for two or three insights or take-aways from the</li> </ul>
session)
Reviewed what remains to be healed
Discussed the possibility of future sessions
Offered the client suggestions for after-session integration and homework
How would you score your overall satisfaction with yourself as a practitioner for this session? (On a
scale of 0-to-10 with 10 being excellent.) *
0 1 2 3 4 5 6 7 8 9 10

Please describe and Chal	lenges and/or Celebrations	specific to this client an	d/or this session. *
			//
Please describe three (3)	things you experienced/lea	rned during your session	n with this client. *
Oo you have any question	ns or concerns that you wou	ıld like to discuss with Ja	n? (If none, please
enter "None") *			
Submit			