

Daily Home Practice Journal – Session 3

Please record your daily mindfulness practice on this form. Please use the final column to reflect on anything that came up for you in your practice.

Day	Sitting meditation or mindful stretching (Which practice did you choose? How many minutes did you practice?)	3-minute breathing space (How many times did you practice?)	Being with Baby	Reflections
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Please reflect on talking about what you learned from this session with a support person in your life.

A large, empty rectangular box with a thin black border, intended for the user to write their reflection on the session.