Buddhist Meditation 101

COMPLETION CARD

Student name _____

Teachings

Please indicate that you have attended all the teaching sessions for this course.

Session 1 Date: _____

Session 2 Date: _____

Session 3 Date: _____

Session 4 Date: _____

Session 5 Date: _____

Meditations

Please indicate that you have practiced each meditation at least three times.

Counting the Breaths Done _____

Bare Attention Done _____

Nine-Round Breathing Done _____

Mind Like the Sky OR Mind Like the Ocean Done _____

Transforming Negative Experiences into Positive Done _____

Purification with Light Done _____

Body of Light Meditation Done _____

Equanimity Meditation Done _____

Completion of Assessment

Name and Signature of Teacher/Assessor _____

Date Completed _____