Continuing Experiential Assignment

Spend at least 5 minutes/day, 5 days/week, during the 15 weeks of the course, being completely quiet. Create a retreat from interruption. Spend the time away from everyone and everything. Don’t do anything. Take one additional minute to note your experience each time on the form provided. [Tip: Make 2 additional copies of the form and then cut them into individual weeks and carry the current week’s log with you.] Put your name on the back of each week’s log and turn it in at class. All submissions will be considered confidential.

Week __
1. Date: _______ Time: ________ Experience: ____________________________________________
2. Date: _______ Time: ________ Experience: ____________________________________________
3. Date: _______ Time: ________ Experience: ____________________________________________
4. Date: _______ Time: ________ Experience: ____________________________________________
5. Date: _______ Time: ________ Experience: ____________________________________________

Week __
1. Date: _______ Time: ________ Experience: ____________________________________________
2. Date: _______ Time: ________ Experience: ____________________________________________
3. Date: _______ Time: ________ Experience: ____________________________________________
4. Date: _______ Time: ________ Experience: ____________________________________________
5. Date: _______ Time: ________ Experience: ____________________________________________

Week __
1. Date: _______ Time: ________ Experience: ____________________________________________
2. Date: _______ Time: ________ Experience: ____________________________________________
3. Date: _______ Time: ________ Experience: ____________________________________________
4. Date: _______ Time: ________ Experience: ____________________________________________
5. Date: _______ Time: ________ Experience: ____________________________________________

Week __
1. Date: _______ Time: ________ Experience: ____________________________________________
2. Date: _______ Time: ________ Experience: ____________________________________________
3. Date: _______ Time: ________ Experience: ____________________________________________
4. Date: _______ Time: ________ Experience: ____________________________________________
5. Date: _______ Time: ________ Experience: ____________________________________________