

Mindful Self-Compassion Class - 2026
Offered by Jean Leonard, Ph.D., & Jo-Lynn Park,
PARTICIPANT REGISTRATION FORM

Please note: This information will only be read by the course instructors. If you feel uncomfortable answering any questions, please note that on the form and we can have a private conversation before the program begins. Thank you. Complete and return form to jeanleonardphd@gmail.com or jpark@naropa.edu.

Full Name: _____ Age: _____

Telephone: Home: _____ Is it okay to leave a message at this number? ____ Yes ____ No

Cell: _____ Is it okay to leave a message at this number? ____ Yes ____ No

E-Mail Address: _____ (The teachers will send a weekly e-mail to support your practice between sessions.)

Is there anything about how you identify that you would like us to know about? _____

Do you have any access needs to ensure your participation is well supported (e.g. need to sit in a chair, limited hearing, visual impairment?) _____

How did you hear about the MSC program? _____

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Naropa | <input type="checkbox"/> flyer | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> someone who took the class | <input type="checkbox"/> colleague/friend/word of mouth | |
| <input type="checkbox"/> website | <input type="checkbox"/> physician/health care provider | |

1. Briefly share what prompts your interest in this class at this time?

2. Are there circumstances in your life that are affecting your currently that you feel may impact your experience in this class? (e.g. recent losses, illness, substance abuse, depression, relationship problems, attempts to take your life)?:

3. Do you have any questions or concerns about the MSC program? Or anything else that you feel would be helpful for the instructors to know at this time?