

**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](mailto:jeanleonardphd@gmail.com) or [jpark@naropa.edu](mailto: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 you 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?