



Beyond Surviving™

COURSE INFORMATION SHEET

Name _____

Street Address _____

City, State & Zip Code _____

Home Phone _____ Work Phone _____

Email _____

Please return with deposit to: The Sheltered Heart Foundation, Inc. P.O. Box 3257 Corrales, New Mexico 87048

Describe (briefly) your childhood. Share an example and/or the feelings of your experience growing up.

Describe your relationship with the people below in one sentence:

Yourself _____

Mother _____

Father _____

Siblings _____

Husband/Wife/Partner _____

Children _____

Men _____

Women _____

Describe the abuse/trauma/event in your life you wish to move past? _____

Do you feel that there is a cycle of crisis or unhappiness in your life? If so, describe your feelings.

Do you feel that you are in a place in your life where you want to move into new behaviors or a new level of happiness and success? If so, please explain.

Please describe next to these words when and how you feel these emotions. *Example: Fear – in new situations*

ANGER -

POWERFUL-

FEAR-

POWERLESS-

FEW CHILDHOOD MEMORIES-

REVENGE-

JOY-

SAFE-

NUMB-

SADNESS-

OUT OF CONTROL-

TRAPPED-

PAIN-

TRUSTING-

PEACE-

HAPPINESS-

If you could feel or be a certain way from this day forward, what would that be?

If you imagined yourself complete in your healing and at peace, what would be different in your life?

Who do you trust most in your life and why?

Why are you enrolled in Beyond Surviving™ and what do you hope to gain from the course?

PLEASE REMEMBER BRING YOUR DOLL TO THE COURSE!

This doll is a physical representation of you and a reminder of how you see,
and how you treat and take care of yourself

THIS PAGE IS TO BE COMPLETED BY THE INSTRUCTOR(S).

Course Dates / Location: _____

Instructor(s): _____

Enrolled By: _____

Amount Paid: \$ _____ First-Time Student Reviewer

Angel(s): _____

FOCUS ON: _____

WE CAN BEST SERVE THIS STUDENT BY: _____

POST-COURSE COMMENTS: _____
