

Name _____ *Mindfulness*



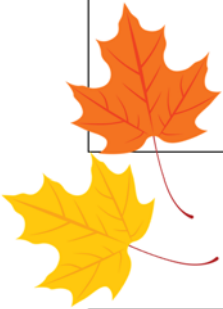
Mindfulness Walk



I See

A large empty rectangular box for writing observations related to sight.

I Hear

A large empty rectangular box for writing observations related to hearing.

I Smell

A large empty rectangular box for writing observations related to smell.

I Feel

A large empty rectangular box for writing observations related to feeling.