

Name:

Date:

Practicing Mindfulness

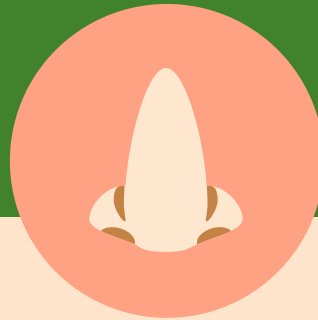
FIND A SPOT OUTSIDE TO SIT OR STAND BY YOURSELF FOR AT LEAST 5 MINUTES. LIST THE THINGS THAT YOU NOTICE USING YOUR SENSES.



WHAT I SEE



WHAT I HEAR



WHAT I SMELL



WHAT I FEEL



WHAT I TASTE