



Healing Beyond Borders

Educating and Certifying the Healing Touch®

Mentor Progress Report Self-Evaluation and Professional Development Course

I have been in a Mentorship relationship with _____ for _____ months. We have had approximately _____ meetings, either in person, by phone, or by email. I have looked at the treatment write-ups and other Homework (Growth-work) and believe that _____ is (is not) ready to attend Course 5: Self-Evaluation and Professional Development Course at this time.

Comments if desired:

Mentor's Signature: _____

Mentor's name & credentials: _____

Date: ___ / ___ / ___ Email: _____