



Moving & Soothing Reflective Practice Record

Your Name: _____

Describe the Activity:

How might you use this activity in your work and what adaptations might you make?

Keeping a client and their therapeutic needs in mind – what is the client's need and what would be the goal of the activity?

What resources do you need and who else might need to be involved?

What safety considerations do you need to be mindful about and how might you mitigate any risks?