

October 2018

Course Description

In this course, you will learn skills to help you understand and manage stress in a fun and supportive group environment. You will try some new things, like meditation, which is not “emptying your mind” (a common myth about meditation), but learning to pay attention and relate more skillfully to what’s going on right now in your mind and body. We will talk about how to let go of self-criticism and judgment, and how to be with emotional and physical pain without adding to it. You will have the opportunity to think about the real pressures teens face daily, and how mindfulness practices can help you not just manage stress but experience more moments of calm and happiness.

What is required: an Introductory Session for parents/guardians/teens, class attendance and home practice, which includes a willingness and commitment to take time to practice each day.

Who Can Take This Class

This class is for high school age teens (grades 9-12) who are interested in learning Mindfulness meditation and are willing to explore and practice it. This exploration will include periods of quiet and stillness. The purpose of the class is to educate, to foster compassion for self and others, and to support the integration of Mindfulness in everyday life. Participation requires the ability to manage group settings, peer interactions, and periods of quiet. Please note this is not group therapy or a social skills class.

Winter 2019

Introductory Session: *Parents/Guardians & Teens*

- Monday, January 14, 2019, 7-8 pm

Class Sessions: Sundays, 11:30 am-1:30 pm

January 27, February 3, 10, 17, 24*, March 3, 2019

**extended class session on Feb 24 meets 11:30 am-3:30 pm*

Class Fee: \$250 for registrations and completed forms received **on or before Monday, January 14, 2019**
\$265 for registrations and completed forms received **after Monday, January 14, 2019**
(class fee includes CDs, web recordings and class materials)

Location: UW Health - Research Park, 621 Science Drive, Madison WI 53711
(near the intersection of Whitney Way and Tokay Blvd)

How to Enroll

Make payment of **\$250** class fee online at www.uwhealth.org/mindfulness and then submit completed questionnaire forms to:

Mindfulness Program
UW Health - Research Park
621 Science Dr
Madison WI 53711

or by check (payable to *UWHC/MBSR*) mailed/dropped off with completed forms at front desk of UW Health - Research Park.

Class fee is \$265 for registrations and forms received after Monday, January 14, 2019. Registrations are accepted on a first come, first served basis. Class size is limited.

Miscellaneous Information

- Snacks will be part of each class.
- The staff is friendly and very supportive. We want you to feel at ease!
- Refunds are considered if class is dropped within 24 hours after end of the Introductory Session. This refund policy is necessary to be able to have adequate time to contact and admit applicants from the waitlist.

About the Instructor

Matt Hirshberg

- has practiced Mindfulness since 1997
- taught middle school for 7 years
- PhD in Educational Psychology

We hope all this information is helpful. If you have any additional questions, please call us at (608) 265-8325.

Additional information is also available on our website at: www.uwhealth.org/mindfulness

Sincerely,

Matt Hirshberg, PhD
UW Health Mindfulness Program
Mindfulness for Teens Instructor

Enclosures
MH/pek

These questions are being asked in order to provide the instructors with information about what is currently happening in your life so that we can help provide strategies that would best support you in both this class and outside of the classroom in life. We realize the personal nature of these questions. Please know that the completed forms are kept in strictest confidence and are confidentially disposed of after the class is completed.

Winter 2019

UW Health Mindfulness Program

Mindfulness for Teens

Introductory Session: Parents/Guardians & Teens – Monday, January 14, 2019, 7-8 pm

Classes: Sundays, 11:30 am-1:30 pm, Jan 27, Feb 3, 10, 17, 24*, March 3, 2019

***extended class on March 24 meets 11:30 am-3:30 pm**

Name: _____

Address: _____
Street City Zip Code

Email address: _____

Telephone: _____
(primary telephone) (other telephone)

Age: _____ (please, used only for demographic research)

School you attend: _____

Grade in school: _____

Food allergies: _____

Parent/Guardian/Emergency Contact Info:

Name Telephone Number(s)

Parent/Guardian e-mail address: _____

Insurance Information:

Contact your insurance provider for possible reimbursement.

Referral Source: How did you find out about this class? _____

To register:

~ Class Fee: ___ online payment (*already paid*) ___ check enclosed

Return all completed forms by Monday, January 14, 2019 along with

\$250 class fee to: (*check payable to: UWHC/MBSR; class fee is \$265 after January 14, 2019*)

**Mindfulness Program
UW Health - Research Park
621 Science Drive
Madison WI 53711**

Winter 2019
UW Health Mindfulness Program

Mindfulness for Teens

Name: _____ **Date:** _____

General Information:

1. Please describe what you consider to be stressful in your life (greatest worries and stresses)?

2. What are the current ways you use to try and manage stress?

Helpful: 1)

2)

3)

Not helpful: 1)

2)

3)

3. Please rate your overall stress level at this point in your life using a 10-point scale.

“1” = stress free, and “10” = stressed to the max.
Mark an “X” at the appropriate area on the line below.

“1” _____ “10”

4. Please describe any previous experience you have had with stress reduction (yoga, meditation, Mindfulness). If you have not had any prior experience, please write “no experience.”

10. Describe your sleep quality.

11. Please describe your support system? (friends, family, boss, teacher, counselor, coach...)

12. Please add anything else that is important for the instructor to know about you and your situation.

Thank you very much for completing these questions.

5. Is your son or daughter currently involved in a specific medical treatment or psychological counseling program? Please list any current medications.

6. Any other history of mental health treatment?

7. Any history of hospitalization (with dates)?

8. To the best of your ability, please rate your teen's overall stress level at this point in their life using a 10-point scale.

"1" = stress free, and "10" = stressed to the max.
Mark an "X" at the appropriate area on the line below.

"1" _____ "10"

9. Please add anything else you think it is important for the instructors to know.

Thank you very much for completing these questions.

MINDFULNESS FOR TEENS

Parent/Guardian Agreement

Parents/Guardians are responsible for picking up their child(ren) at the end of each class as staffing does not provide for supervision of teenagers after class.

As parent(s)/guardian(s) of _____ ,
name of child(ren)

I/We acknowledge that this was addressed at the parent/guardian Introductory Session.

Signature of acknowledging parent(s)/guardian(s)

date

Signature of acknowledging parent(s)/guardian(s)

date

Please provide the best contact information below should you need to be contacted during or after class.

(Name)

(telephone)

(Name)

(telephone)