### **Example Timesheet**

In order to complete the 100 hours of the Yoga Therapy Mentorship, try to spend 15-17 hours per month on mentorship activities including attending classes, home practice with the blog, researching sequences, meeting with me, etc. For the purposes of the mentorship, all hours are considered **non-contact hours** and may include:

- Reading, audio/video or internet resources including researching independent study assignments and practicing with the home practice blog.
- Webinars on yoga-related topics.
- Written assignments on yoga-related topics which include the independent study and/or sequencing assignments.
- **Group activities** including directed discussion or workshops with your mentor, techniques practice or teaching practice
- Evaluation of yoga classes

NAME: My Name						
MONTH: Sample Month						
	NON-CONTACT HOURS					
YOGA ALLIANCE APPROVED ACTIVITY (please see information below for explanation of categories)	Reading. Audio, Video, Internet Resources	Webinars	Written Assignments	Group Activities	Evaluation of Yoga Classes	
Attend Public Class					5 4 x 1¼	
Home Practice with Blog	5					
Independent Study Research	2					
Meet with Mentor				2		
Independent Study Assignment			1			
Test Teach				1		
TOTALS:	7		2	3	5	

NAME:						
MONTH:						
	NON-CONTACT HOURS					
YOGA ALLIANCE APPROVED ACTIVITY (please see information below for explanation of categories)	Reading. Audio, Video, Internet Resources	Webinars	Written Assignments	Group Activities	Evaluation of Yoga Classes	
TOTALS:						

NAME:					
MONTH:					
		NON-C	ONTACT H	IOURS	
YOGA ALLIANCE APPROVED ACTIVITY (please see information below for explanation of categories)	Reading. Audio, Video, Internet Resources	Webinars	Written Assignments	Group Activities	Evaluation of Yoga Classes
TOTALS:					

NAME:						
MONTH:						
	NON-CONTACT HOURS					
YOGA ALLIANCE APPROVED ACTIVITY (please see information below for explanation of categories)	Reading. Audio, Video, Internet Resources	Webinars	Written Assignments	Group Activities	Evaluation of Yoga Classes	
TOTALS:						

NAME:					
MONTH:					
		NON-C	ONTACT H	IOURS	
YOGA ALLIANCE APPROVED ACTIVITY (please see information below for explanation of categories)	Reading. Audio, Video, Internet Resources	Webinars	Written Assignments	Group Activities	Evaluation of Yoga Classes
TOTALS:					

NAME:					
MONTH:					
NON-CONTACT HOURS					
YOGA ALLIANCE APPROVED ACTIVITY  (please see information below for explanation of categories)	Reading. Audio, Video, Internet Resources	Webinars	Written Assignments	Group Activities	Evaluation of Yoga Classes
TOTALS:					

NAME:						
MONTH:						
	NON-CONTACT HOURS					
YOGA ALLIANCE APPROVED ACTIVITY (please see information below for explanation of categories)	Reading. Audio, Video, Internet Resources	Webinars	Written Assignments	Group Activities	Evaluation of Yoga Classes	
TOTALS:						