

Alchemical Healing Practitioner Evaluation Form

| Teacher: | Date: |
|--|--------------|
| Practitioner: | Client Name: |
| Intention/Focus of Healing: | |
| Skill in opening, connecting and engagem | ent |
| What occurred | |
| Applies 4 Rules consistently #1 Sends/Directs Energy when removing | |



#2 Fills all Spaces/Refills the void

| #3 Any openings made in Field closed |
|--|
| #4 Disconnects at End of Treatment |
| Applies Demonstrates 4 Principles Demonstrates Personal Skill |



| Demonstrates Relationship with Allies | |
|---------------------------------------|--|
| | |

Allows for Great Mystery

Shows Gratitude

Advanced Techniques

Languaging/Journeys

Akasha



| Elements- Plant Allies | |
|------------------------|--|
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| | |
| Spirit Allies | |
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| | |
| Strengths | |
| | |
| | |
| Suggestions | |
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