

Name _____

Date _____

FORM 5B

Othmer Method Neurofeedback Certification

Summary of **Case Study** by Othmer

List below three key observations for each section:

Assessment

- 1.

- 2.

- 3.

Session Notes

A. Evaluation Session

- 1.

- 2.

- 3.

Name _____

Date _____

Summary of **Case Study** by Othmer

Session Notes, cont.

B. Awake-State Sessions

1.

2.

3.

C. Deep-State Sessions

1.

2.

3.

Name _____

Date _____

Summary of **Case Study** by Othmer

Reassessment

1.

2.

3.