



AGENDA

The Benefits of Brain Training with NeuroOptimal® Dynamical Neurofeedback®

January 18, 2022

2:00pm – 4:00pm EST

- | | |
|------------------------|---|
| 2:00pm – 2:15pm | Introduction to NeuroOptimal® |
| 2:15pm – 2:45pm | Neurofeedback and the science
behind NeuroOptimal® |
| 2:45pm – 3:05pm | How NeuroOptimal® helps the
body self-regulate |
| 3:05pm – 3:30pm | Identifying shifts |
| 3:30pm – 4:00pm | Session description, questions,
and evaluations |

The Benefits of Brain Training with NeuroOptimal® Dynamical Neurofeedback® has been approved by NBCC for NBCC credit (2 NBCC hours). Embodied Wholeness, LLC is solely responsible for all aspects of the program. NBCC Approval No. SP-3736.



EVALUATION

The Benefits of Brain Training with NeuroOptimal® Dynamical Neurofeedback®

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Please rate the following questions below on scale of 1-5 (1 = lowest, 5 = highest).
Provide additional comments if desired on the front and/or back of the evaluation.

1. I have a clear understanding of the principles behind NeuroOptimal®.
2. I can explain how NeuroOptimal® differs from linear neurofeedback.
3. I understand the basic concepts behind how NeuroOptimal® restores flexibility and resilience to the central nervous system.
4. I feel confident that I can recognize some subtle shifts/changes that may emerge for my clients after using NeuroOptimal®.
5. I can envision how I could use NeuroOptimal® as a complimentary tool in my therapeutic practice.
6. The presenters were well prepared and organized.
7. The presenters provided clear and understandable instruction.

8. Kendal's knowledge of the topic was strong and communicated clearly.
9. Laura's knowledge of the topic was strong and communicated clearly.
10. Kendal's presentation skills were effective.
11. Laura's presentation skills were effective.
12. The Zoom meeting link was provided and easy to access.
13. The Zoom platform was easy to utilize and effective.
14. The content of the materials provided was clear, effective, and educational.
15. The materials provided were of good quality and relevant to the program content.
16. The program content was relevant to the work of professional counselors.
17. I would like to receive more information about NeurOptimal®. Circle one: Yes No

Name and contact information (optional) _____

18. Please provide any additional comments, concerns, or feedback regarding any aspect of this program and its presenters.