

# Week 8 — Building Confidence Through Practice

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## Allowing Confidence to Grow Through Experience

Confidence does not require you to feel certain before you begin. It can grow through safe practice, useful adjustments, repeated experiences, and recognizing what you can do.

### **This Week's Wellness Connection**

Wellness Practice: Sleep, Rest & Recovery

Zoom Workshop: Saturday, September 12

Join the workshop, then use the daily prompts to notice how sleep, rest, and recovery may influence your energy, movement, concentration, mood, and everyday experiences.

### **Building Confidence through Practice**

Notice when you:

- Begin even when you feel uncertain
- Choose an option that fits
- Use support appropriately
- Adjust without giving up
- Repeat something that once felt unfamiliar
- Recognize a successful experience

### **This Week's Practice Focus**

Choose one movement or everyday activity to practice with an option and support that help you feel successful.

**Confidence grows when I recognize and build from successful experiences.**

# My Week 8 Guide

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## What to Notice and Where to Record It

Use this guide with the facing My Week 2 Journey page. Each number points to the place where you will record what stands out.

### **1 — Return to My Real-Life Focus**

Think about the everyday activity or experience you chose. Consider what a manageable challenge might feel like within that activity.

**Record it in Section 1.**



### **2 — Notice Across My Classes**

Notice how movement options, resistance, pace, support, and recovery affect your experience.

**Use your class cards, then record what stands out in Section 2.**



### **3 — Consider My Wellness Connection**

Think about what may have influenced how challenging an activity felt this week.

**Record what stands out in Section 3.**



### **4 — Connect It to Everyday Life**

Notice where changing your pace, effort, option, or support helped you participate in everyday life.

**Record the connection in Section 4.**



### **5 — Pause and Reflect**

Consider what you discovered about choosing a challenge that fits you.

**Complete Section 5.**



# My Week 8 Journey

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## Notice, Connect, and Carry Forward

### 1 — My Real-Life Focus

This week, I am noticing what helps me choose a challenge that fits within my Real-Life Focus...

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#### 2 — Across My Classes, I Noticed

- ☐ I found a movement option that fit
- ☐ I adjusted my resistance
- ☐ I changed my pace
- ☐ I used support
- ☐ I paused or allowed more recovery
- ☐ I may be ready for a small increase

What stands out most from my class cards?

#### 3 — My Wellness Connection

##### What May Have Influenced Me?

- ☐ Sleep or energy
- ☐ Hydration or nourishment
- ☐ Stress or responsibilities
- ☐ Pain, discomfort, or health
- ☐ Recent activity or recovery

What affected how challenging something felt?

### 4 — Connect It to Everyday Life

Where did choosing a challenge that fit me appear in my everyday life?

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An adjustment that helped me was...

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### 5 — Pause and Reflect

Something I discovered about my right challenge was...

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What I want to carry forward...

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# My Week 8 Fitness Class Record

## Classes 1 and 2: What I Did and What I Noticed

Use this page to record the choices, experiences, and observations that feel meaningful to you.

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Day 01<br><input type="checkbox"/> Live Zoom <input type="checkbox"/> Recorded                                                                                                                                                                                                                                                | Date:                                                                                                                                                                                                                                                                                                                                                                                                          | Class Format: |
| <b>What I Did Today</b> (Movement option, resistance, pace, or support I used)                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                |               |
| <p>Overall, Today's Class Felt</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Too much today</li><li><input type="checkbox"/> Very challenging</li><li><input type="checkbox"/> Challenging but manageable</li><li><input type="checkbox"/> I may be ready for more</li></ul> <hr/> <p>What i Noticed</p> | <p>What May Have Influenced Me</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Sleep or energy</li><li><input type="checkbox"/> Hydration or nourishment</li><li><input type="checkbox"/> Stress or responsibilities</li><li><input type="checkbox"/> Pain, discomfort, or health</li><li><input type="checkbox"/> Recent activity or recovery</li></ul> <hr/> <p>What I Might Try Next</p> |               |

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| Day 02<br><input type="checkbox"/> Live Zoom <input type="checkbox"/> Recorded                                                                                                                                                                                                                                                | Date:                                                                                                                                                                                                                                                                                                                                                                                                          | Class Format: |
| <b>What I Did Today</b> (Movement option, resistance, pace, or support I used)                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                |               |
| <p>Overall, Today's Class Felt</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Too much today</li><li><input type="checkbox"/> Very challenging</li><li><input type="checkbox"/> Challenging but manageable</li><li><input type="checkbox"/> I may be ready for more</li></ul> <hr/> <p>What i Noticed</p> | <p>What May Have Influenced Me</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Sleep or energy</li><li><input type="checkbox"/> Hydration or nourishment</li><li><input type="checkbox"/> Stress or responsibilities</li><li><input type="checkbox"/> Pain, discomfort, or health</li><li><input type="checkbox"/> Recent activity or recovery</li></ul> <hr/> <p>What I Might Try Next</p> |               |

# My Week 8 Fitness Class Record

## Classes 3 and 4: What I Did and What I Noticed

Use this page to record the choices, experiences, and observations that feel meaningful to you.

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| Day 03<br><input type="checkbox"/> Live Zoom <input type="checkbox"/> Recorded                                                                                                                                                              | Date:                                                                                                                                                                                                                                                                                                            | Class Format: |
| <b>What I Did Today</b> (Movement option, resistance, pace, or support I used)                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                  |               |
| Overall, Today's Class Felt<br><input type="checkbox"/> Too much today<br><input type="checkbox"/> Very challenging<br><input type="checkbox"/> Challenging but manageable<br><input type="checkbox"/> I may be ready for more<br><br>_____ | What May Have Influenced Me<br><input type="checkbox"/> Sleep or energy<br><input type="checkbox"/> Hydration or nourishment<br><input type="checkbox"/> Stress or responsibilities<br><input type="checkbox"/> Pain, discomfort, or health<br><input type="checkbox"/> Recent activity or recovery<br><br>_____ |               |
| What i Noticed                                                                                                                                                                                                                              | What I Might Try Next                                                                                                                                                                                                                                                                                            |               |

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| Day 04<br><input type="checkbox"/> Live Zoom <input type="checkbox"/> Recorded                                                                                                                                                              | Date:                                                                                                                                                                                                                                                                                                            | Class Format: |
| <b>What I Did Today</b> (Movement option, resistance, pace, or support I used)                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                  |               |
| Overall, Today's Class Felt<br><input type="checkbox"/> Too much today<br><input type="checkbox"/> Very challenging<br><input type="checkbox"/> Challenging but manageable<br><input type="checkbox"/> I may be ready for more<br><br>_____ | What May Have Influenced Me<br><input type="checkbox"/> Sleep or energy<br><input type="checkbox"/> Hydration or nourishment<br><input type="checkbox"/> Stress or responsibilities<br><input type="checkbox"/> Pain, discomfort, or health<br><input type="checkbox"/> Recent activity or recovery<br><br>_____ |               |
| What i Noticed                                                                                                                                                                                                                              | What I Might Try Next                                                                                                                                                                                                                                                                                            |               |