

Name \_\_\_\_\_

Date \_\_\_\_\_

**FORM 5B**

**Othmer Method Neurofeedback Certification**

Summary of ***PTSD 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 \_\_\_\_\_

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Summary of ***PTSD Case Study*** by Othmer

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**Session Notes, cont.**

B. Awake-State Sessions

1.

2.

3.

C. Deep-State Sessions

1.

2.

3.

Name \_\_\_\_\_

Date \_\_\_\_\_

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**Reassessment**

1.

2.

3.