

## Live SE Demo Request – January 31, 2026

This voluntary form will be used to choose volunteers for demonstrations during a supportive SE demonstration day workshop with SEI faculty member Jeanna Gomez, LCSW, LADAC, CPE, SEP, BASE-P. This information will be seen only by Jeanna and is confidential. This form will be disposed of at the end of the workshop. The content will only be viewed during the SE demo workshop. No information from the demo form here that you provide will be revealed in public without your consent. All demos are done at the front of the room for observation by other participants for learning purposes.

You will be asked verbally for consent before the demonstration and signing below means that you have read and understand the use of this form and agree to do a demonstration session. If chosen you can change your mind prior to and during the session.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you would like to do a demo during the workshop time, please complete the below information and return it via email at least 2 weeks before the workshop date for consideration. Demonstrations focus on what you want to work on in the demo. You will be advised before the workshop if your submission has been chosen for a live demonstration. If you are a couple, each participant needs to complete a separate request form.**

**Note:** This form does not need to be filled out if you are only planning to attend/observe the Live Demo workshop.

Name:	
Profession:	
Address:	
Email address:	
Phone number:	
Emergency Contact Phone number	

NOTE: Your ER contact will only be called If a true emergency occurs during the workshop.  
(We do not anticipate any issues to arise but this is a supportive precaution)

Are you an SE student and if so, what level of the SE training are you currently in? circle one  
Beginning                    Intermediate                    Advanced

Are you an SEP? Yes or No    What year did you obtain your SEP? \_\_\_\_\_

For both SEP's and SE students: How many in-class demonstrations have you done and with which faculty?

Training year	Faculty name
Beginning	
Intermediate	
Advanced	
SE related Masters classes	

Are you a client willing to do a demo? Yes or No

Are you part of a couple who is willing to do a demo? Yes or No

How long have you been doing SE with your therapist/practitioner? \_\_\_\_\_

What do you want to work on in this demo? I.e. Past Trauma/accumulated stress pattern. Please explain.

Please share any physical symptoms, pain, anxiety, depression, PTSD symptoms, functional issues, medical involvement.

Brief Trauma History (pervasive, developmental, social/cultural, shock traumas, medical, relational, other)

List of medications, supplements, remedies, herbs, plant medicines that you take (include prescription and OTC): \_\_\_\_\_

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Past Medical History (dates are helpful). Include major illnesses, surgeries, hospitalizations, accidents, injuries, concussions, early childhood medical - i.e. birth, early illnesses):

Do you have anyone you could do follow up sessions with if a process gets started that needs more support? Yes or no

Name and phone # of practitioner: \_\_\_\_\_

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NOTE about needing more space to share: If you feel you needed more room to share in any of these areas, please attach additional information on a separate sheet and return with your submission to [letstalk@gomezcounselingconsulting.com](mailto:letstalk@gomezcounselingconsulting.com)

*I want to acknowledge your willingness to be part of the demonstration workshop. It takes a lot of courage and vulnerability to do a demo and it is appreciated by all who are learning this model. My hope is that these demos help practitioners utilize the skills learned to help others who are healing from trauma. You volunteering helps in this goal. Jeanna Gomez, SEI faculty*

I agree upon my own free will to volunteer to do a demonstration during this SE live demonstration workshop.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_