##### Instructor Training Program Record

Trainee Name       SOBI Member #

Address

City       State/Province       Zip/Postal Code

Country       E-mail

Phone (Home)       Phone (Work)

Advisor(s)

**Instructor Training Program**

Completed in Instructor Training Seminar Part I and Part II, tutorials and Ortho-Bionomy classes. Precise units/hours are determined by your advisor(s) and ITS instructors.

**Curriculum Units/Hours**

|  |  |
| --- | --- |
| Clarification of Program, Roles and Responsibilities | 4-8 |
| Demonstration of Teaching | 16-48 |
| Clarification of Technique | 8-16 |
| Demonstration of History and Philosophy | 4-6 |
| Classroom Dynamics (Ethics and Energy) | 16-32 |
| Business of Teaching | 8-16 |
| Observation and Discussion of a Class | 20-32 |
| Tutorial, Feedback and Demonstration Practice | 6-48 |
| Recognize How Students Learn Ortho-Bionomy | 16 |
| How to Advise Students | 4-8 |
| Society’s Policies and Ethical Relationships | 4-6 |

**Classroom Experience # of Classes** **Units/Hours**

|  |  |  |
| --- | --- | --- |
| Observations/Bench Assists  (at least 3 with demonstrations/presentations) | 6-12 | 96-192 |
| Co-Teaches | 3-6 | 48-96 |
| Supervised Teaches | 1-2 | 16-32 |

***Instructor Training Program Record***

Trainee Name

Indicate the number of hours met in ITS and/or classes or tutorials. Then document the date, location and number of hours. Have the instructor you are working with initial your form.

**Clarification of Program, Roles and Responsibilities *(4-8 hours)* Hours Initial**

ITS Part I            

ITS Part II            

OB Class            

or Tutorial            

Total Hours Completed

**Demonstration of Teaching *(16-48 hours)* Hours Initial**

ITS Part I

ITS Part II

OB Class

or Tutorial

Total Hours Completed

***Instructor Training Program Record***

Trainee Name

**Clarification of Technique *(8-16 hours)* Hours Initial**

ITS Part I

ITS Part II

OB Class

or Tutorial

Total Hours Completed

**Demonstration of History and Philosophy *(4-6 hours)* Hours Initial**

ITS Part I

ITS Part II

OB Class

or Tutorial

Total Hours Completed

**Classroom Dynamics (Ethics and Energy) *(16-32 hours)* Hours Initial**

ITS Part I

ITS Part II

OB Class

or Tutorial

Total Hours Completed

***Instructor Training Program Record***

Trainee Name

**Business of Teaching *(8-16 hours)* Hours Initial**

ITS Part I

ITS Part II

OB Class

or Tutorial

Total Hours Completed

**Observation and Discussion of a Class *(20-32 hours)* Hours Initial**

ITS Part I

ITS Part II

OB Class

or Tutorial

Total Hours Completed

***Instructor Training Program Record***

Trainee Name

**Tutorial, Feedback and Demonstration Practice *(6-48 hours)* Hours Initial**

ITS Part I

ITS Part II

OB Class

or Tutorial

Total Hours Completed

**Recognize How Students Learn Ortho-Bionomy *(16 hours)* Hours Initial**

ITS Part I

ITS Part II

OB Class

or Tutorial

Total Hours Completed

***Instructor Training Program Record***

Trainee Name

**How to Advise Students *(4-8 hours)* Hours Initial**

ITS Part I

ITS Part II

OB Class

or Tutorial

Total Hours Completed

**Society’s Policies and Ethical Relationship *(4-6 hours)* Hours Initial**

ITS Part I

ITS Part II

OB Class

or Tutorial

Total Hours Completed

***Instructor Training Program Record***

Trainee Name

**Observations/Bench Assists**

At least three Bench Assists must include demonstrations/presentations. A *Trainee Observation/Bench Assist Self-Evaluation* form**AND** an *Instructor Evaluation of Trainee* form need to be completed for each class. All forms are available on the [SOBI website](https://www.ortho-bionomy.org/aws/SOBI/pt/sp/training) under *Training Programs*.

1. Date(s)       Location

Course ( included demos/presentations)

Instructor(s)

1. Date(s)       Location

Course ( included demos/presentations)

Instructor(s)

1. Date(s)       Location

Course ( included demos/presentations)

Instructor(s)

1. Date(s)       Location

Course ( included demos/presentations)

Instructor(s)

1. Date(s)       Location

Course ( included demos/presentations)

Instructor(s)

1. Date(s)       Location

Course ( included demos/presentations)

Instructor(s)

***Instructor Training Program Record***

Trainee Name

**Observations/Bench Assists**

1. Date(s)       Location

Course ( included demos/presentations)

Instructor(s)

1. Date(s)       Location

Course ( included demos/presentations)

Instructor(s)

1. Date(s)       Location

Course ( included demos/presentations)

Instructor(s)

1. Date(s)       Location

Course ( included demos/presentations)

Instructor(s)

1. Date(s)       Location

Course ( included demos/presentations)

Instructor(s)

1. Date(s)       Location

Course ( included demos/presentations)

Instructor(s)

**Total Classes Completed**       **Total Hours Completed**      

***Instructor Training Program Record***

Trainee Name

**Co-Teaches**

A *Trainee Co-Teach Self-Evaluation* form **AND** an *Instructor Evaluation of Trainee* form need to be completed for each class. All forms are available on the [SOBI website](https://www.ortho-bionomy.org/aws/SOBI/pt/sp/training) under *Training Programs*.

1. Date(s)       Location

Course

Instructor(s)

1. Date(s)       Location

Course

Instructor(s)

1. Date(s)       Location

Course

Instructor(s)

1. Date(s)       Location

Course

Instructor(s)

1. Date(s)       Location

Course

Instructor(s)

1. Date(s)       Location

Course

Instructor(s)

**Total Classes Completed**       **Total Hours Completed**      

***Instructor Training Program Record***

Trainee Name

**Supervised Teaches**

A *Trainee Supervised Teach Self-Evaluation* form **AND** an *Instructor Evaluation of Trainee* form need to be completed for each class. All forms are available on the [SOBI website](https://www.ortho-bionomy.org/aws/SOBI/pt/sp/training) under *Training Programs*.

1. Date(s)       Location

Course

Supervising Instructor(s)

1. Date(s)       Location

Course

Supervising Instructor(s)

**Total Classes Completed**       **Total Hours Completed**      

**Advisor Review**

My signature below verifies that the information on this form is complete and true to the best of my knowledge.

Reviewing Advisor Name

Reviewing Advisor Signature       Date