

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.

<u>Curriculum</u>	<u>Units/Hours</u>
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

<u>Classroom Experience</u>	<u># of Classes</u>	<u>Units/Hours</u>
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
<input type="checkbox"/> ITS Part I _____	_____	_____
<input type="checkbox"/> ITS Part II _____	_____	_____
<input type="checkbox"/> OB Class _____	_____	_____
or Tutorial _____	_____	_____
Total Hours Completed	_____	

Demonstration of Teaching (16-48 hours)	Hours	Initial
<input type="checkbox"/> ITS Part I _____	_____	_____
<input type="checkbox"/> ITS Part II _____	_____	_____
<input type="checkbox"/> 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
<input type="checkbox"/> ITS Part I _____	_____	_____
<input type="checkbox"/> ITS Part II _____	_____	_____
<input type="checkbox"/> OB Class _____	_____	_____
or Tutorial _____	_____	_____
_____	_____	_____
_____	_____	_____
Total Hours Completed	_____	_____

Observation and Discussion of a Class (20-32 hours)	Hours	Initial
<input type="checkbox"/> ITS Part I _____	_____	_____
<input type="checkbox"/> ITS Part II _____	_____	_____
<input type="checkbox"/> 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

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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](#) under *Training Programs*.

1. Date(s) _____ Location _____

Course (included demos/presentations) _____

Instructor(s) _____

2. Date(s) _____ Location _____

Course (included demos/presentations) _____

Instructor(s) _____

3. Date(s) _____ Location _____

Course (included demos/presentations) _____

Instructor(s) _____

4. Date(s) _____ Location _____

Course (included demos/presentations) _____

Instructor(s) _____

5. Date(s) _____ Location _____

Course (included demos/presentations) _____

Instructor(s) _____

6. Date(s) _____ Location _____

Course (included demos/presentations) _____

Instructor(s) _____

Instructor Training Program Record

Trainee Name _____

OBSERVATIONS/BENCH ASSISTS

7. Date(s) _____ Location _____

Course (included demos/presentations) _____

Instructor(s) _____

8. Date(s) _____ Location _____

Course (included demos/presentations) _____

Instructor(s) _____

9. Date(s) _____ Location _____

Course (included demos/presentations) _____

Instructor(s) _____

10. Date(s) _____ Location _____

Course (included demos/presentations) _____

Instructor(s) _____

11. Date(s) _____ Location _____

Course (included demos/presentations) _____

Instructor(s) _____

12. 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](#) under *Training Programs*.

1. Date(s) _____ Location _____

Course _____

Instructor(s) _____

2. Date(s) _____ Location _____

Course _____

Instructor(s) _____

3. Date(s) _____ Location _____

Course _____

Instructor(s) _____

4. Date(s) _____ Location _____

Course _____

Instructor(s) _____

5. Date(s) _____ Location _____

Course _____

Instructor(s) _____

6. 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](#) under *Training Programs*.

1. Date(s) _____ Location _____

Course _____

Supervising Instructor(s) _____

2. 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 _____