

## **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.

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

<b><u>Classroom Experience</u></b>	<b><u># of Classes</u></b>	<b><u>Units/Hours</u></b>
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

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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.

<b>Clarification of Program, Roles and Responsibilities (4-8 hours)</b>	<b>Hours</b>	<b>Initial</b>
<input type="checkbox"/> ITS Part I _____	_____	_____
<input type="checkbox"/> ITS Part II _____	_____	_____
<input type="checkbox"/> OB Class _____	_____	_____
or Tutorial _____	_____	_____
Total Hours Completed	_____	

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

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Trainee Name \_\_\_\_\_

<b>Clarification of Technique (8-16 hours)</b>	<b>Hours</b>	<b>Initial</b>
<input type="checkbox"/> ITS Part I _____	_____	_____
<input type="checkbox"/> ITS Part II _____	_____	_____
<input type="checkbox"/> OB Class _____	_____	_____
or Tutorial _____	_____	_____
_____	_____	_____
_____	_____	_____
Total Hours Completed	_____	

<b>Demonstration of History and Philosophy (4-6 hours)</b>	<b>Hours</b>	<b>Initial</b>
<input type="checkbox"/> ITS Part I _____	_____	_____
<input type="checkbox"/> ITS Part II _____	_____	_____
<input type="checkbox"/> OB Class _____	_____	_____
or Tutorial _____	_____	_____
_____	_____	_____
_____	_____	_____
Total Hours Completed	_____	

<b>Classroom Dynamics (Ethics and Energy) (16-32 hours)</b>	<b>Hours</b>	<b>Initial</b>
<input type="checkbox"/> ITS Part I _____	_____	_____
<input type="checkbox"/> ITS Part II _____	_____	_____
<input type="checkbox"/> OB Class _____	_____	_____
or Tutorial _____	_____	_____
_____	_____	_____
_____	_____	_____
Total Hours Completed	_____	

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Trainee Name \_\_\_\_\_

<b>Business of Teaching (8-16 hours)</b>	<b>Hours</b>	<b>Initial</b>
<input type="checkbox"/> ITS Part I _____	_____	_____
<input type="checkbox"/> ITS Part II _____	_____	_____
<input type="checkbox"/> OB Class _____	_____	_____
or Tutorial _____	_____	_____
_____	_____	_____
_____	_____	_____
Total Hours Completed	_____	

<b>Observation and Discussion of a Class (20-32 hours)</b>	<b>Hours</b>	<b>Initial</b>
<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 \_\_\_\_\_

<b>Feedback and Demonstration Practice (6-48 hours)</b>	<b>Hours</b>	<b>Initial</b>
<input type="checkbox"/> ITS Part I _____	_____	_____
<input type="checkbox"/> ITS Part II _____	_____	_____
<input type="checkbox"/> OB Class _____	_____	_____
or Tutorial _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Hours Completed	_____	

<b>Recognize How Students Learn Ortho-Bionomy (16 hours)</b>	<b>Hours</b>	<b>Initial</b>
<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**

<input type="checkbox"/> ITS Part I	_____	_____	_____
<input type="checkbox"/> ITS Part II	_____	_____	_____
<input type="checkbox"/> OB Class	_____	_____	_____
or Tutorial	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Total Hours Completed		_____	

### **Society's Policies and Ethical Relationship (4-6 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 \_\_\_\_\_

### **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** \_\_\_\_\_

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**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 \_\_\_\_\_