

## Instructor Recommendation to Enter the Instructor Training Program

| Applicant:   |
|--|
| Recommending Instructor:   |
| Please complete this form and return it to the applicant as soon as possible. Attach additional sheets if necessary. Thank you in advance for your participation in the process. |
| 1. How long have you known the applicant?  |
|  |
|  |
| 2a. What is your personal knowledge and familiarity with this applicant?   |
|  |
|  |
| 2b. Ortho-Bionomy classes the applicant has taken from you:  |
|  |
| 2c. Ortho-Bionomy sessions the applicant has received and given with you:  |
|  |
|  |
| <b>2d.</b> Other relationships with the applicant (e.g., professional association, other trainings, bodywork, etc.):   |
|  |
|  |



## Instructor Recommendation to Enter the Instructor Training Program

| Applicant:  |
|---|
| Recommending Instructor:  |
| 3. What are the applicant's strengths as a student?   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
| 4. What are the applicant's strengths as a Practitioner?                                    |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
| 5. What qualities of the applicant will be suited for becoming an Ortho-Bionomy Instructor? |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |



## Instructor Recommendation to Enter the Instructor Training Program

| Applicant:  |                                  |
|---|----------------------------------|
| Recommending Instructor:  |                                  |
| 6. What areas will be particularly challenging for the applicant in the                                       | eir Instructor training process? |
|   |                                  |
|   |                                  |
|   |                                  |
|   |                                  |
|   |                                  |
| 7. Any other comments regarding the candidate's application to the  |                                  |
|   |                                  |
|   |                                  |
|   |                                  |
|   |                                  |
|   |                                  |
| RECOMMENDATION STATEMENT  |                                  |
| ☐ I submit that this applicant is eligible and prepared and he accepted into the Instructor Training Program. | ereby recommend they be          |
| Instructor Signature  | Date                             |