

**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
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

<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

**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.

<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	_____	

**Instructor Training Program Record**

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

**Clarification of Technique (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 \_\_\_\_\_

**Demonstration of History and Philosophy (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 \_\_\_\_\_

**Classroom Dynamics (Ethics and Energy) (16-32 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 \_\_\_\_\_

<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 \_\_\_\_\_

**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](#) 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 \_\_\_\_\_

**Application to Enter the Instructor Training Program**

Applicant Name \_\_\_\_\_ SOBI Member # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ E-mail \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

Pronouns (check any that apply to you that you would like to share)

She    He    They    Other: \_\_\_\_\_

**ELIGIBILITY**

Check the criteria requirement that you meet:

- Current Registered Advanced Practitioner member of SOBI
- Completed the Advanced Practitioner Training Program; not yet evolved to Advanced Practitioner
- Completed a minimum of 375 hours of the Advanced Practitioner Training Program.  
Must include the following documentation:
  - *Advanced Practitioner Training Program Record*
  - Letter from your Advanced Practitioner Training Program Advisor stating you have completed a minimum of 375 hours of the program

Instructor Training Program Application Fee: \$100.00—invoiced from the SOBI office after receipt of your application; payable online

**Application to Enter the Instructor Training Program**

Applicant Name \_\_\_\_\_

**ESSAY QUESTIONS**

Please type your responses to the following questions. Attach additional sheets if necessary.

1. What is your interest in becoming an Ortho-Bionomy Instructor? \_\_\_\_\_

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2. Describe several key learning experiences. What was the role of the instructor or instruction in these experiences? \_\_\_\_\_

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3. What do you think your strengths and weaknesses will be as an Instructor? Please assess or comment in regards to the following areas about yourself: communication skills, patience, honesty, discernment, personal integrity, perseverance, commitment to the practice of Ortho-Bionomy, relationship to the Ortho-Bionomy community and the Society of Ortho-Bionomy International. \_\_\_\_\_

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**Application to Enter the Instructor Training Program)**

Applicant Name \_\_\_\_\_

**4.** What do you think will be unique to your teaching? \_\_\_\_\_

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**5.** Please describe the role your Advisor took in your training process and comment on the value of that experience. \_\_\_\_\_

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**6.** Describe the role and responsibilities of an Instructor. \_\_\_\_\_

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**Application to Enter the Instructor Training Program**

Applicant Name \_\_\_\_\_

7. Describe the roles and responsibilities of an Advisor. \_\_\_\_\_

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Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Advisor Recommendation to Enter the Instructor Training Program**

Applicant: \_\_\_\_\_

Recommending Advisor: \_\_\_\_\_

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? \_\_\_\_\_

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**2a.** What is your personal knowledge and familiarity with this applicant? \_\_\_\_\_

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**2b.** Ortho-Bionomy classes the applicant has taken from you: \_\_\_\_\_

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**2c.** Ortho-Bionomy sessions the applicant has received and given with you: \_\_\_\_\_

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**2d.** Other relationships with the applicant (e.g., professional association, other trainings, bodywork, etc.): \_\_\_\_\_

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**Advisor Recommendation to Enter the Instructor Training Program**

Applicant: \_\_\_\_\_

Recommending Advisor: \_\_\_\_\_

**3. What are the applicant's strengths as a student?** \_\_\_\_\_

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**4. What are the applicant's strengths as a Practitioner?** \_\_\_\_\_

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**5. What qualities of the applicant will be suited for becoming an Ortho-Bionomy Instructor?**

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**Advisor Recommendation to Enter the Instructor Training Program**

Applicant: \_\_\_\_\_

Recommending Advisor: \_\_\_\_\_

6. What areas will be particularly challenging for the applicant in their Instructor training process?

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7. Any other comments regarding the candidate's application to the Instructor Training Program?

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**RECOMMENDATION STATEMENT**

I submit that this applicant is eligible and prepared and hereby recommend they be accepted into the Instructor Training Program. I have discussed the training process with them. My signature below is my contract to serve as the applicant's Advisor throughout the training process.

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**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? \_\_\_\_\_

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**2a.** What is your personal knowledge and familiarity with this applicant? \_\_\_\_\_

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**2b.** Ortho-Bionomy classes the applicant has taken from you: \_\_\_\_\_

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**2c.** Ortho-Bionomy sessions the applicant has received and given with you: \_\_\_\_\_

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**2d.** Other relationships with the applicant (e.g., professional association, other trainings, bodywork, etc.): \_\_\_\_\_

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**Instructor Recommendation to Enter the Instructor Training Program**

Applicant: \_\_\_\_\_

Recommending Instructor: \_\_\_\_\_

**3. What are the applicant's strengths as a student?** \_\_\_\_\_

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**4. What are the applicant's strengths as a Practitioner?** \_\_\_\_\_

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**5. What qualities of the applicant will be suited for becoming an Ortho-Bionomy Instructor?**

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**Instructor Recommendation to Enter the Instructor Training Program**

Applicant: \_\_\_\_\_

Recommending Instructor: \_\_\_\_\_

6. What areas will be particularly challenging for the applicant in their Instructor training process?

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7. Any other comments regarding the candidate's application to the Instructor Training Program?

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**RECOMMENDATION STATEMENT**

I submit that this applicant is eligible and prepared and hereby recommend they be accepted into the Instructor Training Program.

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Advisor Selection for the Instructor Training Program**

Applicant Name \_\_\_\_\_ SOBI Member # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ E-mail \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

Only one advisor is necessary; however, having at least two advisors is beneficial and recommended. Each advisor needs to complete a separate *Advisor Recommendation to Enter the Instructor Training Program form*. Each advisor needs to be a current SOBI Registered Instructor—Advanced Instructor with at least two years of active teaching experience.

The following instructor(s) has/have agreed to serve as my advisor(s):  
*Please type or print*

Advisor \_\_\_\_\_

Email \_\_\_\_\_

Advisor \_\_\_\_\_

Email \_\_\_\_\_

Advisor \_\_\_\_\_

Email \_\_\_\_\_

Trainee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Advisor Review of Instructor Training Program Application Packet**

Applicant Name \_\_\_\_\_

**REVIEWING ADVISOR STATEMENT**

I have reviewed all forms for this applicant's Instructor Training Program Application Packet and confirm the trainee is eligible for the Instructor Training Program. I confirm all the required following forms are both complete and included in the following order:

- Application to Enter the Instructor Training Program*
- Advisor Recommendation to Enter the Instructor Training Program*
- Instructor Recommendation to Enter the Instructor Training Program (or Advisor Recommendation form from a second advisor)*
- Advisor Selection for the Instructor Training Program*
- Advanced Practitioner Training Program Record showing completion of at least 375 units of the Advanced Practitioner Training Program (only required if the applicant is not already a Registered Advanced Practitioner)*
- Advisor Review of Instructor Training Program Application Packet (this form)*

Reviewing Advisor \_\_\_\_\_

Reviewing Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**DIRECTIONS FOR THE REVIEWING ADVISOR—CHOOSE ONE**

**IN-PERSON SIGNATURE**

Physically fill out this form, sign it and return it to your advisee.

**ELECTRONIC SIGNATURE**

Electronically fill out this form and email it to your advisee. Directions on signing a form electronically are available through [this link](#).

**Instructor Training Program Agreement—Instructor Training Seminar Part I**

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

Instructor Training Seminar (ITS) Part I Dates \_\_\_\_\_ Location \_\_\_\_\_

ITS Part I Instructors \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The minimum number of the following are required at this stage of training:**

Observations/Bench Assists \_\_\_\_\_

Additional training requirements or agreements

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated time interval until ITS Part II (at least 6 months) \_\_\_\_\_

ITS Instructors Signatures \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Trainee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Instructor Training Program Agreement—Instructor Training Seminar Part II**

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

Instructor Training Seminar (ITS) Part II Dates \_\_\_\_\_ Location \_\_\_\_\_

ITS Part II Instructors \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Training Requirements Review**

\_\_\_\_\_ Obs./Bench Assists Completed                      \_\_\_\_\_ Obs./Bench Assists Remaining

\_\_\_\_\_ Co-Teaches Completed                                      \_\_\_\_\_ Co-Teaches Remaining

\_\_\_\_\_ Supervised Teaches Completed                      \_\_\_\_\_ Supervised Teaches Required

Additional training requirements **completed** since ITS Part I \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Additional training requirements **remaining** from ITS Part I \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Additional training requirements identified from ITS Part II \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ITS Instructors Signatures \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Trainee Signature \_\_\_\_\_ Date \_\_\_\_\_



**Trainee Observation/Bench Assist Self-Evaluation**

Use a copy of this form for each Observation/Bench Assist

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

Class \_\_\_\_\_ Class Dates \_\_\_\_\_

Location \_\_\_\_\_

Class Instructor(s) \_\_\_\_\_

Number of units/hours \_\_\_\_\_ Number of students in class \_\_\_\_\_

Check all that apply:  Observation     Bench Assist     Included Demos/Presentations  
 In-Person     Online

(Attach additional sheets if necessary)

1. What were your goals/objectives and focus for this class? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What did you do in the class, e.g. what areas did you present, did you run a circle, in what other ways did you participate? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How did it go for you? What did you learn? What was challenging? Where do you need to focus next? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Trainee Signature \_\_\_\_\_ Date \_\_\_\_\_

Reviewing Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Trainee Co-Teach Self-Evaluation**

Use a copy of this form for each Co-Teach

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

Class \_\_\_\_\_ Class Dates \_\_\_\_\_

Location \_\_\_\_\_

Class Instructor(s) \_\_\_\_\_

Number of units/hours \_\_\_\_\_ Number of students in class \_\_\_\_\_

This class was:  In-Person       Online

(Attach additional sheets if necessary)

1. What were your goals/objectives and focus for this class? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What did you do in the class, e.g. what areas did you present, did you run a circle, in what other ways did you participate? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How did it go for you? What did you learn? What was challenging? Where do you need to focus next? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Trainee Signature \_\_\_\_\_ Date \_\_\_\_\_

Reviewing Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_



**Instructor Evaluation of Trainee**

Provide a copy of this form to the Supervising Instructor for each Observation/Bench Assist, Co-Teach, and Supervised Teach.

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

Class \_\_\_\_\_ Class Dates \_\_\_\_\_

Location \_\_\_\_\_

Evaluating Instructor \_\_\_\_\_

Number of units/hours \_\_\_\_\_ Number of students in class \_\_\_\_\_

Check all that apply to this class:

- Observation       Bench Assist       Bench Assist with Demos/Presentations
- Co-Teach       Supervised Teach       In-Person       Online

(Attach additional sheets if necessary)

Instructor’s observations, feedback and suggestions: \_\_\_\_\_

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Supervising Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

Reviewing Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Request for Evolvement to Associate Instructor**

Trainee Name \_\_\_\_\_ SOBI Member # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ E-mail \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

Pronouns (check any that apply to you that you would like to share)

She    He    They    Other: \_\_\_\_\_

**Checklist:**

- I formally request to be considered for evolvement to Associate Instructor.
- I am currently a registered Advanced Practitioner.
- I have completed Instructor Training Seminar Part I and 6-12 Observations/Bench Assists.
- I am submitting my completed Associate Instructor Evolvement Packet (which includes this form).

Trainee Signature \_\_\_\_\_ Date \_\_\_\_\_

Evolvement Fee: \$150

Invoiced from SOBI office after receipt of your packet

Note: This fee includes evolvement to both Associate Instructor and Instructor.

**Advisor Recommendation for Evolvement to Associate Instructor**

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

Recommending Advisor \_\_\_\_\_

Please complete this form and return it to the applicant.

(Attach additional sheets if necessary)

1. What is your knowledge of the trainee's bench assisting and training experience to date?

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2. What is your assessment of the trainee's readiness to begin co-teaching? \_\_\_\_\_

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3. What areas of concentration should the trainee be aware of during their co-teaching phase of Instructor training? \_\_\_\_\_

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4. Any additional comments? \_\_\_\_\_

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Recommending Advisor Statement:

- I recommend the applicant be appointed as an Associate Instructor. I have experienced the applicant's work in the classroom including demonstrations/presentations.

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Instructor Recommendation for Evolvement to Associate Instructor**

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

Recommending Instructor \_\_\_\_\_

Please complete this form and return it to the applicant.

(Attach additional sheets if necessary)

1. What is your knowledge of the trainee's bench assisting and training experience to date?

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2. What is your assessment of the trainee's readiness to begin co-teaching? \_\_\_\_\_

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3. What areas of concentration should the trainee be aware of during their co-teaching phase of Instructor training? \_\_\_\_\_

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4. Any additional comments? \_\_\_\_\_

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Recommending Instructor Statement:

- I recommend the applicant be appointed as an Associate Instructor. I have experienced the applicant's work in the classroom including demonstrations/presentations.

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Advisor Review of Associate Instructor Evolvement Packet**

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

**REVIEWING ADVISOR STATEMENT**

This trainee has completed Instructor Training Seminar Part I, 6-12 Observations/Bench Assists and is ready to evolve to Associate Instructor.

I have reviewed all forms of this applicant's Associate Instructor Evolvement Packet. I confirm all the following forms are both complete and included in the following order:

- Request for Evolvement to Associate Instructor*
- Instructor Training Program Agreement—Instructor Training Seminar Part I*
- Advisor Recommendation for Evolvement to Associate Instructor* from an advisor who has experienced the applicant's work in the classroom including demonstrations/presentations
- Instructor Recommendation for Evolvement to Associate Instructor* (or a second *Advisor Recommendation* form from a second advisor) from an instructor who has experienced the applicant's work in the classroom including demonstrations/presentations
- Observation/Bench Assisting portion of *Instructor Training Program Record* (pages 1-8)
- Trainee Observation/Bench Assist Self-Evaluation AND Instructor Evaluation of Trainee* for all observed and benched classes. Each self-evaluation for a class should be immediately followed by the instructor evaluation for that class, in chronological order by class date.
- Advisor Review of Associate Instructor Evolvement Packet* (this form)

Reviewing Advisor \_\_\_\_\_

Reviewing Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**DIRECTIONS FOR THE REVIEWING ADVISOR—CHOOSE ONE**

**IN-PERSON SIGNATURE**

Physically fill out this form, sign it and return it to your advisee.

**ELECTRONIC SIGNATURE**

Electronically fill out this form and email it to your advisee. Directions on signing a form electronically are available through [this link](#).



**Request for Evolvement to Instructor**

Trainee Name \_\_\_\_\_ SOBI Member # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ E-mail \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

Pronouns (check any that apply to you that you would like to share)

She    He    They    Other: \_\_\_\_\_

**Checklist:**

- I formally request to be considered for evolvement to Instructor.
- I am a current SOBI Registered Associate Instructor.
- I have completed Instructor Training Seminar Part I and Part II and all required Observations/Bench Assists, Co-Teaches, Supervised Teaches and additional training (if applicable).
- I am submitting my completed Instructor Evolvement Packet (which includes this form).

Trainee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Advisor Recommendation for Evolvement to Instructor**

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

Recommending Advisor \_\_\_\_\_

Please complete this form and return it to the applicant.

(Attach additional sheets if necessary)

1. What has been your experience with the trainee's Instructor training process? \_\_\_\_\_

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2. What would you identify as the trainee's strengths as an Instructor? \_\_\_\_\_

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3. What areas do you see as important for the trainee's continued development after being appointed as an Instructor? \_\_\_\_\_

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4. Additional comments \_\_\_\_\_

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Recommending Instructor Statement:

- I recommend the applicant be appointed as an Instructor. I have experienced the applicant's work in the classroom including demonstrations/presentations.

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Instructor Recommendation for Evolvement to Instructor**

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

Recommending Instructor \_\_\_\_\_

Please complete this form and return it to the applicant.

(Attach additional sheets if necessary)

1. What has been your experience with the trainee's Instructor training process? \_\_\_\_\_

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2. What would you identify as the trainee's strengths as an Instructor? \_\_\_\_\_

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3. What areas do you see as important for the trainee's continued development after being appointed as an Instructor? \_\_\_\_\_

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4. Additional comments \_\_\_\_\_

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Recommending Instructor Statement:

- I recommend the applicant be appointed as an Instructor. I have experienced the applicant's work in the classroom including demonstrations/presentations.

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Advisor Review of Instructor Evolvement Packet**

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

**REVIEWING ADVISOR STATEMENT**

This trainee has completed ITS Part I and Part II, all required Observations/Bench Assists, Co-Teaches, Supervised Teaches, additional training (if applicable) and is ready to evolve to Instructor.

I have reviewed all forms of this trainee’s Instructor Evolvement Packet. I confirm all the following forms are both complete and included in the following order:

- Request for Evolvement to Instructor*
- Instructor Training Program Agreement—Instructor Training Seminar Part I*
- Instructor Training Program Agreement—Instructor Training Seminar Part II*
- Advisor Recommendation for Evolvement to Instructor* from an advisor who has experienced the applicant’s work in the classroom including demonstrations/presentations
- Instructor Recommendation for Evolvement to Instructor* (or a second *Advisor Recommendation* form from a second advisor) from an instructor who has experienced the applicant’s work in the classroom including demonstrations/presentations
- Entire Instructor Training Program Record*
- Trainee Observation/Bench Assist Self-Evaluation AND Instructor Evaluation of Trainee* for all observed/benched classes. Each self-evaluation for a class should be immediately followed by the instructor evaluation for that class, in chronological order by class date.
- Trainee Co-Teach Self-Evaluation AND Instructor Evaluation of Trainee* for all co-taught classes. Each self-evaluation for a class should be immediately followed by the instructor evaluation for that class, in chronological order by class date.
- Trainee Supervised Teach Self-Evaluation AND Instructor Evaluation of Trainee* for all supervised classes. Each self-evaluation for a class should be immediately followed by the instructor evaluation for that class, in chronological order by class date.
- Advisor Review of Instructor Evolvement Packet* (this form)

Reviewing Advisor \_\_\_\_\_

Reviewing Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**DIRECTIONS FOR THE REVIEWING ADVISOR—CHOOSE ONE**

**IN-PERSON SIGNATURE**

Physically fill out this form, sign it and return it to your advisee.

**ELECTRONIC SIGNATURE**

Electronically fill out this form and email it to your advisee. Directions on signing a form electronically are available through [this link](#).