Ortho-Bionomy®

Request for Evolvement to Associate Advanced Instructor

Trainee Name _____ SOBI Member #_____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ E-mail _____

Phone (Home) _____Phone (Work) _____

Checklist:

- ☐ I am currently an Instructor member of SOBI in good standing.
- ☐ I am submitting my complete Associate Advanced Instructor Evolvement Packet (which includes this form).

(Attach additional sheets if necessary)

1. How has your perception of Phase 5 changed during your training process? _____

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2. What new understandings have you gleaned that you feel will make you a better instructor?

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3. How has your understanding and experience of the Phases, reflexes, and principles changed during your Phase 5 training? _____

4. What do you consider your strengths as a Phase 5 instructor? _____

5. What areas do you feel you still need to improve or develop as a Phase 5 instructor? _____

Trainee Signature _____ Date _____