

Phase 5 Advanced Instructor Training Program Agreement

Trainee Name _____ Date _____

Advanced Instructor Training Seminar Date (if taken) _____ Location _____

AITS Instructors _____

The minimum number of the following are required for Phase 5 training:

Bench Assists _____

Co-Teaches _____

Supervised Teaches _____

Additional training requirements or agreements: _____

Advisor Signature _____

Advisor Signature _____

Advisor Signature _____

Signatures of AITS Instructors (if applicable)

Trainee Signature _____