Ortho-Bionomy®

Trainee Bench Assist Self-Evaluation

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

Trainee Name _____ Date _____

Class _____ Location _____

Class Date _____ Number of units/hours _____ Number of students in class _____

Supervising Instructor(s) _____

Check all that apply to this class: ☐ Phase 5 ☐ Phase 6 ☐ Other _____

☐ In-Person ☐ Online

(Attach additional sheets if necessary)

1. What were your goals/objectives/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? _____

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Trainee Name _____

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