Ortho-Bionomy®

Trainee Supervised Teach Self-Evaluation

Use a copy of this form for each Supervised Teach

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 _____

(Attach additional sheets if necessary)

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