Ortho-Bionomy®

Instructor Evaluation of Trainee

Use a copy of this form for each Observation, Bench Assist, Co-Teach, and Supervised Teach

Trainee Name _____

Supervising Instructor _____

Class _____ Location _____

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

Check all that apply to this class:

☐ Phase 5 ☐ Phase 6 ☐ Other _____

☐ Observation ☐ Bench Assist ☐ Co-Teach ☐ Supervised Teach

☐ In-Person ☐ Online

(Attach additional sheets if necessary)

Supervising Instructor's observations, feedback and suggestions _____

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Supervising Instructor Signature _____ Date _____