

Trainee Observation/Bench Assist Self-Evaluation

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

Trainee Name _____

Class _____ Class Dates _____

Location _____

Class Instructor(s) _____

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

Check all that apply: ☐ Observation ☐ Bench Assist ☐ Included Demos/Presentations
☐ In-Person ☐ Online

(Attach additional sheets if necessary)

1. What were your goals/objectives and 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? _____

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

Trainee Signature _____ Date _____

Reviewing Advisor Signature _____ Date _____

Ortho-Bionomy® is a registered trademark of the Society of Ortho-Bionomy International, Inc. and is used with permission.