

Application to Enter the Instructor Training Program

Applicant Name _____ SOBI Member # _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ E-mail _____

Phone (Home) _____ Phone (Work) _____

Pronouns (check any that apply to you that you would like to share)

☐ She ☐ He ☐ They ☐ Other: _____

ELIGIBILITY

Check the criteria requirement that you meet:

- ☐ Current Registered Advanced Practitioner member of SOBI
- ☐ Completed the Advanced Practitioner Training Program; not yet evolved to Advanced Practitioner
- ☐ Completed a minimum of 375 hours of the Advanced Practitioner Training Program.
Must include the following documentation:
 - *Advanced Practitioner Training Program Record*
 - Letter from your Advanced Practitioner Training Program Advisor stating you have completed a minimum of 375 hours of the program

Instructor Training Program Application Fee: \$100.00—invoiced from the SOBI office after receipt of your application; payable online

Application to Enter the Instructor Training Program

Applicant Name _____

ESSAY QUESTIONS

Please type your responses to the following questions. Attach additional sheets if necessary.

1. What is your interest in becoming an Ortho-Bionomy Instructor? _____

2. Describe several key learning experiences. What was the role of the instructor or instruction in these experiences? _____

3. What do you think your strengths and weaknesses will be as an Instructor? Please assess or comment in regards to the following areas about yourself: communication skills, patience, honesty, discernment, personal integrity, perseverance, commitment to the practice of Ortho-Bionomy, relationship to the Ortho-Bionomy community and the Society of Ortho-Bionomy International. _____

Application to Enter the Instructor Training Program

Applicant Name _____

4. What do you think will be unique to your teaching? _____

5. Please describe the role your Advisor took in your training process and comment on the value of that experience. _____

6. Describe your understanding of the role and responsibilities of an Instructor. _____

Application to Enter the Instructor Training Program

Applicant Name _____

7. Describe your understanding of the role and responsibilities of an Advisor. _____

Applicant Signature _____ Date _____

Advisor Recommendation to Enter the Instructor Training Program

Applicant: _____

Recommending Advisor: _____

Please complete this form and return it to the applicant as soon as possible. Attach additional sheets if necessary. Thank you in advance for your participation in the process.

1. How long have you known the applicant? _____

2a. What is your personal knowledge and familiarity with this applicant? _____

2b. Ortho-Bionomy classes the applicant has taken from you: _____

2c. Ortho-Bionomy sessions the applicant has received and given with you: _____

2d. Other relationships with the applicant (e.g., professional association, other trainings, bodywork, etc.): _____

Advisor Recommendation to Enter the Instructor Training Program

Applicant: _____

Recommending Advisor: _____

3. What are the applicant's strengths as a student? _____

4. What are the applicant's strengths as a Practitioner? _____

5. What qualities of the applicant will be suited for becoming an Ortho-Bionomy Instructor?

Advisor Recommendation to Enter the Instructor Training Program

Applicant: _____

Recommending Advisor: _____

6. What areas will be particularly challenging for the applicant in their Instructor training process?

7. Any other comments regarding the candidate's application to the Instructor Training Program?

RECOMMENDATION STATEMENT

- ☐ I submit that this applicant is eligible and prepared and hereby recommend they be accepted into the Instructor Training Program. I have discussed the training process with them. My signature below is my contract to serve as the applicant's Advisor throughout the training process.

Advisor Signature _____ Date _____

Instructor Recommendation to Enter the Instructor Training Program

Applicant: _____

Recommending Instructor: _____

Please complete this form and return it to the applicant as soon as possible. Attach additional sheets if necessary. Thank you in advance for your participation in the process.

1. How long have you known the applicant? _____

2a. What is your personal knowledge and familiarity with this applicant? _____

2b. Ortho-Bionomy classes the applicant has taken from you: _____

2c. Ortho-Bionomy sessions the applicant has received and given with you: _____

2d. Other relationships with the applicant (e.g., professional association, other trainings, bodywork, etc.): _____

Instructor Recommendation to Enter the Instructor Training Program

Applicant: _____

Recommending Instructor: _____

3. What are the applicant's strengths as a student? _____

4. What are the applicant's strengths as a Practitioner? _____

5. What qualities of the applicant will be suited for becoming an Ortho-Bionomy Instructor?

Instructor Recommendation to Enter the Instructor Training Program

Applicant: _____

Recommending Instructor: _____

6. What areas will be particularly challenging for the applicant in their Instructor training process?

7. Any other comments regarding the candidate's application to the Instructor Training Program?

RECOMMENDATION STATEMENT

- ☐ I submit that this applicant is eligible and prepared and hereby recommend they be accepted into the Instructor Training Program.

Instructor Signature _____ Date _____

Advisor Selection for the Instructor Training Program

Applicant Name _____ SOBI Member # _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ E-mail _____

Phone (Home) _____ Phone (Work) _____

Only one advisor is necessary; however, having at least two advisors is beneficial and recommended. Each advisor needs to complete a separate *Advisor Recommendation to Enter the Instructor Training Program form*. Each advisor needs to be a current SOBI Registered Instructor—Advanced Instructor with at least two years of active teaching experience.

The following instructor(s) has/have agreed to serve as my advisor(s):
Please type or print

Advisor _____

Email _____

Advisor _____

Email _____

Advisor _____

Email _____

Trainee Signature _____ Date _____

Advisor Review of Instructor Training Program Application Packet

Applicant Name _____

REVIEWING ADVISOR STATEMENT

I have reviewed all forms for this applicant's Instructor Training Program Application Packet and confirm the trainee is eligible for the Instructor Training Program. I confirm all the required following forms are both complete and included in the following order:

- ☐ *Application to Enter the Instructor Training Program*
- ☐ *Advisor Recommendation to Enter the Instructor Training Program*
- ☐ *Instructor Recommendation to Enter the Instructor Training Program (or Advisor Recommendation form from a second advisor)*
- ☐ *Advisor Selection for the Instructor Training Program*
- ☐ *Advanced Practitioner Training Program Record* showing completion of at least 375 units of the Advanced Practitioner Training Program (only required if the applicant is not already a Registered Advanced Practitioner)
- ☐ *Advisor Review of Instructor Training Program Application Packet* (this form)

Reviewing Advisor _____

Reviewing Advisor Signature _____ Date _____

DIRECTIONS FOR THE REVIEWING ADVISOR—CHOOSE ONE

IN-PERSON SIGNATURE

Physically fill out this form, sign it and return it to your advisee.

ELECTRONIC SIGNATURE

Electronically fill out this form and email it to your advisee. Directions on signing a form electronically are available through [this link](#).

Instructor Training Program Agreement—Instructor Training Seminar Part I

Trainee Name _____

Instructor Training Seminar (ITS) Part I Dates _____ Location _____

ITS Part I Instructors _____

The minimum number of the following are required at this stage of training:

Observations/Bench Assists _____

Additional training requirements or agreements

Estimated time interval until ITS Part II (at least 6 months) _____

ITS Instructors Signatures _____ Date _____

_____ Date _____

_____ Date _____

Advisor Signature _____ Date _____

Trainee Signature _____ Date _____

Instructor Training Program Agreement—Instructor Training Seminar Part II

Trainee Name _____

Instructor Training Seminar (ITS) Part II Dates _____ Location _____

ITS Part II Instructors _____

Training Requirements Review

_____ Obs./Bench Assists Completed _____ Obs./Bench Assists Remaining

_____ Co-Teaches Completed _____ Co-Teaches Remaining

_____ Supervised Teaches Completed _____ Supervised Teaches Required

Additional training requirements **completed** since ITS Part I _____

Additional training requirements **remaining** from ITS Part I _____

Additional training requirements identified from ITS Part II _____

ITS Instructors Signatures _____ Date _____

_____ Date _____

_____ Date _____

Advisor Signature _____ Date _____

Trainee Signature _____ Date _____

Instructor Training Program Record

Trainee Name _____ SOBI Member # _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ E-mail _____

Phone (Home) _____ Phone (Work) _____

Advisor(s) _____

Instructor Training Program

Completed in Instructor Training Seminar Part I and Part II, tutorials and Ortho-Bionomy classes. Precise units/hours are determined by your advisor(s) and ITS instructors.

<u>Curriculum</u>	<u>Units/Hours</u>
Clarification of Program, Roles, and Responsibilities	4-8
Demonstration of Teaching	16-48
Clarification of Technique	8-16
Demonstration of History and Philosophy	4-6
Classroom Dynamics (Ethics and Energy)	16-32
Business of Teaching	8-16
Observation and Discussion of a Class	20-32
Feedback and Demonstration Practice	6-48
Recognize How Students Learn Ortho-Bionomy	16
How to Advise Students	4-8
Society's Policies and Ethical Relationships	4-6

<u>Classroom Experience</u>	<u># of Classes</u>	<u>Units/Hours</u>
Observations/Bench Assists (at least 3 with demonstrations/presentations)	6-12	96-192
Co-Teaches	3-6	48-96
Supervised Teaches	1-2	16-32

Instructor Training Program Record

Trainee Name _____

Indicate the number of hours met in ITS and/or classes or tutorials. Then document the date, location and number of hours. Have the instructor you are working with initial your form.

Clarification of Program, Roles, and Responsibilities (4-8 hours)

This is time to clarify the details and process of the full Instructor Training Program and review and clarify the *Instructor Training Program Record*. It also includes reviewing the guidelines and the role of the trainee in observing, bench assisting, co-teaching, and supervised teaching, and in working with instructors and advisors.

		Hours	Initial
☐ ITS Part I	_____	_____	_____
☐ ITS Part II	_____	_____	_____
☐ OB Class	_____	_____	_____
or Tutorial	_____	_____	_____
Total Hours Completed		_____	

Demonstration of Teaching (16-48 hours)

Demonstration of Teaching is time spent in class or in ITS doing presentations of the techniques of Ortho-Bionomy and receiving clarification and feedback from instructors.

		Hours	Initial
☐ ITS Part I	_____	_____	_____
☐ ITS Part II	_____	_____	_____
☐ OB Class	_____	_____	_____
or Tutorial	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Total Hours Completed		_____	

Instructor Training Program Record

Trainee Name _____

Clarification of Technique (8-16 hours)

Clarification of Technique is time spent receiving feedback and/or clarification of standard technique from an instructor. This may be in ITS, in preparation for a Bench Assist or Co-Teach, or after completing a Bench Assist or Co-Teach. Working with the approaches of your advisor or a Supervising Instructor is essential for the flow of a Bench Assist and Co-Teach.

		Hours	Initial
☐ ITS Part I	_____	_____	_____
☐ ITS Part II	_____	_____	_____
☐ OB Class	_____	_____	_____
or Tutorial	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Total Hours Completed		_____	

Demonstration of History and Philosophy (4-6 hours)

Demonstration of History and Philosophy consists of review, clarification, and discussion of history and philosophy resources such as the Phased Reflex Techniques paper by Pauls and Basham, the Spontaneous Release by Positioning paper by Jones, and various early articles on Ortho-Bionomy and proprioception. It also includes time spent in class or in ITS doing presentations of the history, principles, and concepts of Ortho-Bionomy and receiving feedback and clarification from instructors.

		Hours	Initial
☐ ITS Part I	_____	_____	_____
☐ ITS Part II	_____	_____	_____
☐ OB Class	_____	_____	_____
or Tutorial	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Total Hours Completed		_____	

Instructor Training Program Record

Trainee Name _____

Classroom Dynamics (Ethics and Energy) (16-32 hours)

This topic is a blend of information, discussion, and embodied experience explored both in the classroom and in ITS training. Trainees will deepen their understanding of the ethics and dynamics of the multiple roles and relationships a teacher has both in and out of the classroom with Ortho-Bionomy students and colleagues. Examples include pacing, tracking, working with the class flow, handling challenging classroom situations, recognizing signs of build-up and overwhelm, and working with group dynamics.

	Hours	Initial
☐ ITS Part I _____	_____	_____
☐ ITS Part II _____	_____	_____
☐ OB Class _____	_____	_____
or Tutorial _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Hours Completed	_____	

Business of Teaching (8-16 hours)

Business of Teaching includes the non-instructional aspects of being an instructor. This can include marketing classes, creating ad copy and descriptions of classes, writing a bio, engaging with potential students, finding a coordinator and creating coordinator agreements/contracts, finding a venue, tracking payments, having a refund policy stated on your advertising material, keeping class rosters, feedback forms, and emailing a spreadsheet roster to the office.

	Hours	Initial
☐ ITS Part I _____	_____	_____
☐ ITS Part II _____	_____	_____
☐ OB Class _____	_____	_____
or Tutorial _____	_____	_____
_____	_____	_____
_____	_____	_____
Total Hours Completed	_____	

Instructor Training Program Record

Trainee Name _____

Observation and Discussion of a Class (20-32 hours)

This includes time in class when you are not presenting or assisting at tables. The focus is to observe the Instructor's demonstrations, taking notes on how you might do it differently in your practice, so these differences can be discussed later with the instructor and your advisor(s). Trainees are encouraged to observe entire classes, noting the flow and pacing of the class, the mood and tone set by the instructor, and relationship dynamics within the class. Learning the skill of observation is an important part of learning to observe and track students when you are an instructor.

		Hours	Initial
☐ ITS Part I	_____	_____	_____
☐ ITS Part II	_____	_____	_____
☐ OB Class	_____	_____	_____
or Tutorial	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Total Hours Completed		_____	

Feedback and Demonstration Practice (6-48 hours)

This is spent time with instructors to work on any aspect of training. It may include feedback, discussion, and/or evaluation of how things went in a Bench Assist, Co-Teach, or Supervised Teach, or practicing demonstrations/presentations.

		Hours	Initial
☐ ITS Part I	_____	_____	_____
☐ ITS Part II	_____	_____	_____
☐ OB Class	_____	_____	_____
or Tutorial	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Total Hours Completed		_____	

Instructor Training Program Record

Trainee Name _____

Recognize How Students Learn Ortho-Bionomy (16 hours)

This segment of the program explores the art of effective teaching: clarity and simplicity of standard Phase 4 demonstrations with clear, crisp recaps; focused observation of student practice, including hand placement, quality of contact, tracking how to fine-tune the position to the point, appropriate compression and rebound; and body mechanics. Discussion includes how to give level-appropriate feedback during practice time and in feedback sessions. We will also reflect on what helps you learn and continue to evolve your understanding of Ortho-Bionomy as a segue to reflect on what may help other students learn and evolve their own understanding. Documented time for this section may include a written paper, discussion in ITS, and/or discussion with class instructors or your advisor(s).

	Hours	Initial
☐ ITS Part I _____	_____	_____
☐ ITS Part II _____	_____	_____
☐ OB Class _____	_____	_____
or Tutorial _____	_____	_____
_____	_____	_____
_____	_____	_____
Total Hours Completed	_____	

How to Advise Students (4-8 hours)

This topic covers the roles and responsibilities of advising students. We will discuss details of this role including the relationship between advisor and advisee; the art of giving feedback; the responsibilities for consultations, feedback, and evaluation sessions; how to track paperwork and the student's relationship with their training program; and how to support students as they progress in their training.

	Hours	Initial
☐ ITS Part I _____	_____	_____
☐ ITS Part II _____	_____	_____
☐ OB Class _____	_____	_____
or Tutorial _____	_____	_____
_____	_____	_____
Total Hours Completed	_____	

Instructor Training Program Record

Trainee Name _____

Society's Policies and Ethical Relationship (4-6 hours)

This topic demonstrates how to introduce the Society, membership, trademark policy, and the Associate and Practitioner Training Programs. It includes discussion of your evolving role and relationship within the Ortho-Bionomy community, in-class and professional etiquette, and your potential role as an advisor. It covers essential information instructors must know about SOBI's policies, as well as further discussion about ethically navigating the power dynamic of instructor/student or advisor/advisee.

		Hours	Initial
☐ ITS Part I	_____	_____	_____
☐ ITS Part II	_____	_____	_____
☐ OB Class	_____	_____	_____
or Tutorial	_____	_____	_____
	_____	_____	_____
Total Hours Completed		_____	

Instructor Training Program Record

Trainee Name _____

OBSERVATIONS/BENCH ASSISTS

At least three Bench Assists must include demonstrations/presentations. A *Trainee Observation/Bench Assist Self-Evaluation* form **AND** an *Instructor Evaluation of Trainee* form need to be completed for each class. All forms are available on the [SOBI website](#) under *Training Programs*.

1. Date(s) _____ Location _____

Course (☐ included demos/presentations) _____

Instructor(s) _____

2. Date(s) _____ Location _____

Course (☐ included demos/presentations) _____

Instructor(s) _____

3. Date(s) _____ Location _____

Course (☐ included demos/presentations) _____

Instructor(s) _____

4. Date(s) _____ Location _____

Course (☐ included demos/presentations) _____

Instructor(s) _____

5. Date(s) _____ Location _____

Course (☐ included demos/presentations) _____

Instructor(s) _____

6. Date(s) _____ Location _____

Course (☐ included demos/presentations) _____

Instructor(s) _____

Instructor Training Program Record

Trainee Name _____

OBSERVATIONS/BENCH ASSISTS

7. Date(s) _____ Location _____

Course (☐ included demos/presentations) _____

Instructor(s) _____

8. Date(s) _____ Location _____

Course (☐ included demos/presentations) _____

Instructor(s) _____

9. Date(s) _____ Location _____

Course (☐ included demos/presentations) _____

Instructor(s) _____

10. Date(s) _____ Location _____

Course (☐ included demos/presentations) _____

Instructor(s) _____

11. Date(s) _____ Location _____

Course (☐ included demos/presentations) _____

Instructor(s) _____

12. Date(s) _____ Location _____

Course (☐ included demos/presentations) _____

Instructor(s) _____

Total Classes Completed _____

Total Hours Completed _____

Instructor Training Program Record

Trainee Name _____

CO-TEACHES

A *Trainee Co-Teach Self-Evaluation* form **AND** an *Instructor Evaluation of Trainee* form need to be completed for each class. All forms are available on the [SOBI website](#) under *Training Programs*.

1. Date(s) _____ Location _____

Course _____

Instructor(s) _____

2. Date(s) _____ Location _____

Course _____

Instructor(s) _____

3. Date(s) _____ Location _____

Course _____

Instructor(s) _____

4. Date(s) _____ Location _____

Course _____

Instructor(s) _____

5. Date(s) _____ Location _____

Course _____

Instructor(s) _____

6. Date(s) _____ Location _____

Course _____

Instructor(s) _____

Total Classes Completed _____

Total Hours Completed _____

Instructor Training Program Record

Trainee Name _____

SUPERVISED TEACHES

A *Trainee Supervised Teach Self-Evaluation* form **AND** an *Instructor Evaluation of Trainee* form need to be completed for each class. All forms are available on the [SOBI website](#) under *Training Programs*.

1. Date(s) _____ Location _____

Course _____

Supervising Instructor(s) _____

2. Date(s) _____ Location _____

Course _____

Supervising Instructor(s) _____

Total Classes Completed _____**Total Hours Completed** _____

Advisor Review

My signature below verifies that the information on this form is complete and true to the best of my knowledge.

Reviewing Advisor Name _____

Reviewing Advisor Signature _____ Date _____

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.

Trainee Co-Teach Self-Evaluation

Use a copy of this form for each Co-Teach

Trainee Name _____

Class _____ Class Dates _____

Location _____

Class Instructor(s) _____

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

This class was: ☐ 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.

Request for Evolvement to Associate Instructor

Trainee Name _____ SOBI Member # _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ E-mail _____

Phone (Home) _____ Phone (Work) _____

Pronouns (check any that apply to you that you would like to share)

☐ She ☐ He ☐ They ☐ Other: _____

Checklist:

- ☐ I formally request to be considered for evolvement to Associate Instructor.
- ☐ I am currently a registered Advanced Practitioner.
- ☐ I have completed Instructor Training Seminar Part I and 6-12 Observations/Bench Assists.
- ☐ I am submitting my completed Associate Instructor Evolvement Packet (which includes this form).

Trainee Signature _____ Date _____

Evolvement Fee: \$150

Invoiced from SOBI office after receipt of your packet

Note: This fee includes evolvement to both Associate Instructor and Instructor.

Advisor Recommendation for Evolvement to Associate Instructor

Trainee Name _____

Recommending Advisor _____

Please complete this form and return it to the applicant.

(Attach additional sheets if necessary)

1. What is your knowledge of the trainee's bench assisting and training experience to date?

2. What is your assessment of the trainee's readiness to begin co-teaching? _____

3. What areas of concentration should the trainee be aware of during their co-teaching phase of Instructor training? _____

4. Any additional comments? _____

Recommending Advisor Statement:

- ☐ I recommend the applicant be appointed as an Associate Instructor. I have experienced the applicant's work in the classroom including demonstrations/presentations.

Advisor Signature _____ Date _____

Advisor Recommendation for Evolvement to Associate Instructor

Trainee Name _____

Recommending Advisor _____

Please complete this form and return it to the applicant.

(Attach additional sheets if necessary)

1. What is your knowledge of the trainee's bench assisting and training experience to date?

2. What is your assessment of the trainee's readiness to begin co-teaching? _____

3. What areas of concentration should the trainee be aware of during their co-teaching phase of Instructor training? _____

4. Any additional comments? _____

Recommending Advisor Statement:

- ☐ I recommend the applicant be appointed as an Associate Instructor. I have experienced the applicant's work in the classroom including demonstrations/presentations.

Advisor Signature _____ Date _____

Instructor Recommendation for Evolvement to Associate Instructor

Trainee Name _____

Recommending Instructor _____

Please complete this form and return it to the applicant.

(Attach additional sheets if necessary)

1. What is your knowledge of the trainee's bench assisting and training experience to date?

2. What is your assessment of the trainee's readiness to begin co-teaching? _____

3. What areas of concentration should the trainee be aware of during their co-teaching phase of Instructor training? _____

4. Any additional comments? _____

Recommending Instructor Statement:

- ☐ I recommend the applicant be appointed as an Associate Instructor. I have experienced the applicant's work in the classroom including demonstrations/presentations.

Instructor Signature _____ Date _____

Advisor Review of Associate Instructor Evolvment Packet

Trainee Name _____

REVIEWING ADVISOR STATEMENT

This trainee has completed Instructor Training Seminar Part I, 6-12 Observations/Bench Assists and is ready to evolve to Associate Instructor.

I have reviewed all forms of this applicant's Associate Instructor Evolvment Packet. I confirm all the following forms are both complete and included in the following order:

- ☐ *Request for Evolvment to Associate Instructor*
- ☐ *Instructor Training Program Agreement—Instructor Training Seminar Part I*
- ☐ *Advisor Recommendation for Evolvment to Associate Instructor* from an advisor who has experienced the applicant's work in the classroom including demonstrations/presentations
- ☐ *Instructor Recommendation for Evolvment to Associate Instructor* (or a second *Advisor Recommendation* form from a second advisor) from an instructor who has experienced the applicant's work in the classroom including demonstrations/presentations
- ☐ Observation/Bench Assisting portion of *Instructor Training Program Record* (pages 1-8)
- ☐ *Trainee Observation/Bench Assist Self-Evaluation* **AND** *Instructor Evaluation of Trainee* for all observed and benched classes. Each self-evaluation for a class should be immediately followed by the instructor evaluation for that class, in chronological order by class date.
- ☐ *Advisor Review of Associate Instructor Evolvment Packet* (this form)

Reviewing Advisor _____

Reviewing Advisor Signature _____ Date _____

DIRECTIONS FOR THE REVIEWING ADVISOR—CHOOSE ONE**IN-PERSON SIGNATURE**

Physically fill out this form, sign it and return it to your advisee.

ELECTRONIC SIGNATURE

Electronically fill out this form and email it to your advisee. Directions on signing a form electronically are available through [this link](#).

Request for Evolvement to Instructor

Trainee Name _____ SOBI Member # _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ E-mail _____

Phone (Home) _____ Phone (Work) _____

Pronouns (check any that apply to you that you would like to share)

☐ She ☐ He ☐ They ☐ Other: _____

Checklist:

- ☐ I formally request to be considered for evolvement to Instructor.
- ☐ I am a current SOBI Registered Associate Instructor.
- ☐ I have completed Instructor Training Seminar Part I and Part II and all required Observations/Bench Assists, Co-Teaches, Supervised Teaches and additional training (if applicable).
- ☐ I am submitting my completed Instructor Evolvement Packet (which includes this form).

Trainee Signature _____ Date _____

Advisor Recommendation for Evolvement to Instructor

Trainee Name _____

Recommending Advisor _____

Please complete this form and return it to the applicant.

(Attach additional sheets if necessary)

1. What has been your experience with the trainee's Instructor training process? _____

2. What would you identify as the trainee's strengths as an Instructor? _____

3. What areas do you see as important for the trainee's continued development after being appointed as an Instructor? _____

4. Additional comments _____

Recommending Instructor Statement:

- ☐ I recommend the applicant be appointed as an Instructor. I have experienced the applicant's work in the classroom including demonstrations/presentations.

Advisor Signature _____ Date _____

Instructor Recommendation for Evolvement to Instructor

Trainee Name _____

Recommending Instructor _____

Please complete this form and return it to the applicant.

(Attach additional sheets if necessary)

1. What has been your experience with the trainee's Instructor training process? _____

2. What would you identify as the trainee's strengths as an Instructor? _____

3. What areas do you see as important for the trainee's continued development after being appointed as an Instructor? _____

4. Additional comments _____

Recommending Instructor Statement:

- ☐ I recommend the applicant be appointed as an Instructor. I have experienced the applicant's work in the classroom including demonstrations/presentations.

Instructor Signature _____ Date _____

Advisor Review of Instructor Evolvment Packet

Trainee Name _____

REVIEWING ADVISOR STATEMENT

This trainee has completed ITS Part I and Part II, all required Observations/Bench Assists, Co-Teaches, Supervised Teaches, additional training (if applicable) and is ready to evolve to Instructor.

I have reviewed all forms of this trainee's Instructor Evolvment Packet. I confirm all the following forms are both complete and included in the following order:

- ☐ *Request for Evolvment to Instructor*
- ☐ *Instructor Training Program Agreement—Instructor Training Seminar Part I*
- ☐ *Instructor Training Program Agreement—Instructor Training Seminar Part II*
- ☐ *Advisor Recommendation for Evolvment to Instructor* from an advisor who has experienced the applicant's work in the classroom including demonstrations/presentations
- ☐ *Instructor Recommendation for Evolvment to Instructor* (or a second *Advisor Recommendation* form from a second advisor) from an instructor who has experienced the applicant's work in the classroom including demonstrations/presentations
- ☐ *Entire Instructor Training Program Record*
- ☐ *Trainee Observation/Bench Assist Self-Evaluation AND Instructor Evaluation of Trainee* for all observed/benched classes. Each self-evaluation for a class should be immediately followed by the instructor evaluation for that class, in chronological order by class date.
- ☐ *Trainee Co-Teach Self-Evaluation AND Instructor Evaluation of Trainee* for all co-taught classes. Each self-evaluation for a class should be immediately followed by the instructor evaluation for that class, in chronological order by class date.
- ☐ *Trainee Supervised Teach Self-Evaluation AND Instructor Evaluation of Trainee* for all supervised classes. Each self-evaluation for a class should be immediately followed by the instructor evaluation for that class, in chronological order by class date.
- ☐ *Advisor Review of Instructor Evolvment Packet* (this form)

Reviewing Advisor _____

Reviewing Advisor Signature _____ Date _____

DIRECTIONS FOR THE REVIEWING ADVISOR—CHOOSE ONE

IN-PERSON SIGNATURE

Physically fill out this form, sign it and return it to your advisee.

ELECTRONIC SIGNATURE

Electronically fill out this form and email it to your advisee. Directions on signing a form electronically are available through [this link](#).

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