Trainee Supervised Teach Self-Evaluation

Use a copy of this form for each Supervised Teach

Trainee Name _____

Class _____ Class Dates _____

Location _____

Supervising Instructor(s) _____

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

(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? _____

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.