



Hawaii - RECERTIFICATION

August 18-25, 2007

This form is to evaluate your teaching skills as a Certified Bikram Yoga Method Instructor. Please **fill out the top portion and give this form to a BYCOI studio owner/director (family & co-owners excluded) to fill out** and mail to us at BYCOI Headquarters, 1862 S. La Cienega Blvd., Los Angeles, CA 90035, attention: **Recertification Team**.

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

E-mail: _____

City/State/Country of new school: _____

Mentoring School _____

Mentor Teacher's Name _____

Number of classes taught _____ Average attendance per class _____

Mentoring Teacher: Please rate your interning teacher on the scale below and attach comments on a separate piece of paper describing how they improved under your supervision and in which areas they still need to improve.

5- excellent 4- great 3- good 2- ok 1- needs more practice

Dialogue _____

Timing _____

Use of Voice _____

Attitude _____

Understanding of the postures _____

Ability to work with students of all ages
and conditions _____

Ability to teach new students _____

Verbal correction of students _____

Reliability _____

Prospective School Owner _____

Signature of mentoring teacher _____ Date _____

COMMENTS: