



\_\_\_\_\_ - **RECERTIFICATION**  
\_\_\_\_\_ **2008**  
**EVALUATION FORM**  
**Please type or print legibly**

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 have them mail it directly to us at BYCOI Headquarters, 1862 S. La Cienega Blvd., Los Angeles, CA 90035, attention: **Recertification.**

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 \_\_\_\_\_