

SKY KRI Level 1 Teacher Trainer's Assessment of Student Practicum Updated Jan2017

Name of Student Instructor: _____ Date of Assessment: _____

Name of Assessor: _____ Stated Level of Class: _____ KRI Source: _____

<i>Mark your assessment for each item on the scale with an "X" or a "*" if unsure or not observed</i>	Needs to improve	<Satisfactory<>Good>	Comments
	X	X X X X	
Appearance			
Appropriate white clothing			
White head covering (hair up)			Recommended
Preparation			
Arrived at least 10 min. early			
Music/lighting prepared			
Introduces him/herself			
Appropriate Cautions			
Appropriate introduction to the Golden Link/Yogi Bhajan			
Tuning In			
Rhythm, pronunciation, pitch			
Music			
Appropriate choice & volume			
Projection			
Sits straight and contained			
Confident			
Any notes discreetly to side			
Voice audible, understandable			
Inspirational example			
Encourages students			
Holds the space; demonstrates posture then observes class			
Kriya			Name & KRI source of Kriya:
Appropriate warm ups			
Description & effects of kriya			
Even pace; appropriate rest			
Reminders to focus, breathe, apply bhanda and adjust posture (when appropriate)			
Reminders to mentally chant e.g. Sat Nam (if appropriate)			
Appropriate timing of exercises for class level			
Commanding use of "inhale/exhale" instruction			
Clear ending of each exercise			
Accurate Instruction			
Adequate Observation			
Appropriate Correction			
Adequate Observation			
Appropriate Correction			
Adequate Observation			
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Adequate Observation			
Appropriate Correction			
Adequate Observation			
Appropriate Correction			
Appropriate Correction			

Mark your assessment for each item on the scale with an "X" or a "•" if unsure or not observed	Needs to improve	<Satisfactory<>Good>			Comments
Meditation	X	X	X	X	Name & KRI source of Med:
Clear, precise instruction and demonstration					
Name and benefits of meditation given					
Able to carry the mantra (projection, rhythm)					
Able to hold the space					
Smooth ending					
Relaxation					
Atmosphere adjusted (lights, music etc.)					
Leads students into relaxation					
Leads students smoothly out of relaxation					
Timing					
Began and ended on time					
Appropriate balance of preparation, exercise, meditation and relaxation					
Ending					
Blessing/ Uplifting Thought					
Long Time Sun					
Smooth Closing (Sat Nam)					

Please comment on your first assessment interview with the student teacher.

Was the student instructor open to feedback?

What needs to improve?

What has improved?

Add any other comments you would like to make:

Please comment on subsequent assessment interview with the student teacher.

Was the student instructor open to feedback?

What needs to improve?

What has improved?

Add any other comments you would like to make:

Could you recommend them as a Kundalini Yoga Teacher?

YES / NO

YES / NO

Designated Assessor Signature.....Date..... Designated Assessor Signature.....Date.....

Trainers please ensure satisfactory assessments are entered on the weekend register against the students name.

Signed off by Teacher Trainer as competent to instruct Kundalini Yoga

(no X in the need to improve column on final observation)

T.T. Signed

Please note that this sheet is to be retained by the student for submission as a required piece of coursework evidence recording that a satisfactory assessment has been countersigned by the Lead Trainer.