

KRI Teacher Training Team Feedback

Please describe the effect you experienced of the Trainers AS A TEAM delivering the Teachings. (This only needs to be filled out on ONE of the Training Team's evaluation forms)

What worked well?

What you would want more / less of?

B. PREPARATION TO TEACH KUNDALINI YOGA AS TAUGHT BY YOGI BHAJAN

Do you feel that you have had enough practical experience and evaluation of your ability to teach during the practicum(s) of your training?

___ well practiced and evaluated ___ adequately practiced and evaluated ___ need more practice and evaluation

(Please specify) _____

How prepared do you feel to be a Kundalini Yoga Teacher?

___ well prepared ___ Adequately prepared ___ Need more preparation (Please specify)

What additional support would you need now or once you have begun to teach?

Your name _____ **AKA** _____

(Optional. Your name will be held in the strictest confidence. Including your name will allow us to follow up with you regarding your input.)

Phone: _____ E-mail: _____

KRI Teacher Training
PO Box 1819, Santa Cruz, N.M. 87567 USA
Ph: 505-367-1340 or 367-1341 Fax: 505-753-5982 E-mail: teachertraining@3ho.org