Healing Touch Level 1

Supervising Instructor’s Evaluation for

“Assistant Instructor” and “Solo Instructor” Teaching

Applicant’s Name:

Applicant’s Phone:       Email:

Supervising Instructor’s Name:

Supervising Instructor’s Phone:       Email:

Class Location:       Dates:

# of Students in Class:

***Chose the relevant teaching experience:***

“Assistant Instructor “      One      Two

 “Solo Instructor”      Primary      Additional “Solo Instructor”

**Section 1**

**Use this scale in the Time Mgmt and Eval columns:**

**4 - Excellent**

**3 - Generally well done/needs minor refinements**

**2 - Acceptable/needs moderate refinement**

**1 - Lacking in significant way(s)/needs major improvement**

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject** | **Time Mgmt** | **Eval** | **Comments** |
| History and Theoretical Basis |  |  |  |
| Energy System |  |  |  |
| Assessment: Pendulum,Hand Scan |  |  |  |
| Ethical/Legal Issues |  |  |  |
| **Subject** | **Time Mgmt** | **Eval** | **Comments** |
| Development of a Practitioner |  |  |  |
| Importance of Self Care |  |  |  |
| Basic HT Sequence Overview |  |  |  |
| Magnetic Passes: HIM, HS |  |  |  |
| Demonstration |  |  |  |
| Exchange & Sharing |  |  |  |
| Magnetic Clearing |  |  |  |
| Demonstration |  |  |  |
| Exchange & Sharing |  |  |  |
| Chakra Connection (2:2, 1:1, Self) |  |  |  |
| Demonstration |  |  |  |
|  |  |  |  |
| **Subject** | **Time Mgmt** | **Eval** | **Comments** |
| Exchange & Sharing |  |  |  |
| Pain Management |  |  |  |
| Ultrasound/laser |  |  |  |
| Laser |  |  |  |
| Pain Drain |  |  |  |
| Wound Sealing |  |  |  |
| Pain Ridge |  |  |  |
| Headache Techniques |  |  |  |
| Tension |  |  |  |
| Sinus |  |  |  |
| Migraine/Pain Spike |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Subject** | **Time Mgmt** | **Eval** | **Comments** |
| Trauma |  |  |  |
| Heart to Heart Meditation |  |  |  |
| Chakra Spread |  |  |  |
| Demonstration |  |  |  |
| Exchange & Sharing |  |  |  |
| Mind Clearing (optional) |  |  |  |
| Scudder (optional) |  |  |  |
| Networking/Professional Issues |  |  |  |

**Additional Comments**

**Section 2**

**Please use this scale to rank the following items:**

**4 - Excellent**

**3 - Generally well done/needs minor refinements**

**2 - Acceptable/needs moderate refinement**

**1 - Lacking in significant way(s)/needs major improvement**

**Provide comments on any ratings 3 and below as well as strengths that you note.**

|  |  |
| --- | --- |
| **2. The content and flow of the class was:** | **Comments** |
| 1. Professionally presented
 | 4 3 2 1 |  |
| 1. Well organized
 | 4 3 2 1 |  |
| **3. Rate the effectiveness of how well the instructor used the following teaching methods:**  | **Comments** |
| 1. Instructor lecture and demonstration
 | 4 3 2 1 |  |
| 1. Student practice exchanges and group discussion
 | 4 3 2 1 |  |
| 1. Use of Level 1 Notebook
 | 4 3 2 1 |  |
| 1. Other (PowerPoint, handouts, etc.) Do not rate if not applicable
 | 4 3 2 1 |  |
| **4. To what degree did the instructor overall emanate the following qualities:** | **Comments** |
| 1. Kind and gracious
 | 4 3 2 1 |  |
| 1. Empowering of students
 | 4 3 2 1 |  |
| 1. Equal treatment of all students
 | 4 3 2 1 |  |
| 1. Good manager of group dynamics
 | 4 3 2 1 |  |
| 1. Able to answer questions or refer to an appropriate source
 | 4 3 2 1 |  |
| 1. Knowledgeable on topics
 | 4 3 2 1 |  |
| 1. Effective time manager
 | 4 3 2 1 |  |
| 1. Able to stimulate meaningful discussions and question / answer periods
 | 4 3 2 1 |  |
| **5. Rate the advancing instructor on how s/he worked with the physical environment to make it conducive to learning:**  | **Comments** |
| 1. Room arrangement
 | 4 3 2 1 |  |
| 1. Lighting
 | 4 3 2 1 |  |
| 1. Temperature
 | 4 3 2 1 |  |
| 1. Comfortable seating
 | 4 3 2 1 |  |
| **6. Rate the advancing instructor on the following:**  | **Comments** |
| 1. Class registration
 | 4 3 2 1 |  |
| 1. Customer service
 | 4 3 2 1 |  |
| 1. Adequate breaks
 | 4 3 2 1 |  |

**Please describe specific strengths and areas of needed growth you have identified in the Instructor.**

**Recommendations for Applicant Improvement:**

**If this is the solo, do you recommend the Applicant for Instructor Certification Status:** [ ]  Yes [ ]  With Further Development *(Please include comments on needed development under Areas for Improvement above.)*

Date: \_\_\_\_\_\_\_\_\_\_ Supervising Instructor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***Hand written signature required***