



Teacher training Application Questionnaire

Name: _____ Gender: ____ Date of Birth: _____

Address: _____

Telephone Number: _____ Cell: _____

Email: _____ Website: _____

Occupation: _____ Highest Degree: _____

Please answer the following questions as clearly as possible. You may answer on a separate sheet of paper.

- How long have you been practicing, studying or teaching yoga?
- Do you practice yoga at home or attend group classes or do both?
- Do you currently have a teacher or mentor guiding you and if so who is she/he?
- Are you familiar with the teachings of Krishnamacharya and T.K.V. Desikachar? If so, in what context?
- Do you have previous teacher training and if so from what tradition?
- What goals do you hope to achieve in taking and completing this course?
- Please comment on your current state of health regarding the energy needed to meet the requirements of this course.
- As a student in this course, you will be required to undergo assessments that may include presentations, both written and oral tests, and completion and presentation of projects. Are you comfortable with these evaluations methods?
- What are your personal strengths and limitations? In what areas are you most accomplished and where do you need improvement?
- Please share a little about your family situation and occupation. Consider the compatibility of your family and work obligation in regard to the commitment of the training course and its completion. How would you overcome any conflict or obstacles?

Sound Yoga

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