YoKi Yoga™

Yoga At Schools ®

Registration Form Teacher Training

Date:

Name:

Age:

Sex:

Address:

Phone (s):

Fax:

Email:

1. Are you also a Yoga Alliance certified yoga instructor (RYT 200, RYT 500, or ERYT 200 or 500) ?

a. Yes

* + 1. i.Please circle one: RYT 200, RYT 500, ERYT 200, or ERYT500?
		2. If yes, Please tell us where you got your certification and what school of yoga did you study?

b. No

* + 1. If no, have you ever practiced yoga or attended class?

 Yes, a few times

 Yes, regularly

 I have a regular yoga practice

 No, I have never taken a yoga class

1. What is your occupation?
	1. Yoga Teacher
	2. Classroom teacher
	3. Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you teach yoga to children currently?
	1. Yes
	2. No
3. If yes where do you teach:
4. If you are a classroom teacher, where and what do you teach?
5. What grades do you teach?
	1. Preschool
	2. K-2
	3. G3-5
	4. G6-8
	5. G9-10
	6. G11-12
6. Do you teach PE?
	1. Yes
	2. No
7. Do you teach or care for Special Needs (ESE) students?
	1. Yes
	2. No
8. How long have you been teaching?
	1. 1-5 years
	2. 5-10 years
	3. 10-15 years
	4. 15 + years
9. Is there currently a yoga class at your school?

 Yes, as PE

 Yes, after-school

 yes, as enrichment during the school day

 No

11. Is there professional development support for teachers in the area of stress management, well-being, yoga or other mindful movement?

 Yes

 No

12: Please take a moment now to tell us what has inspired you to do this training, and anything you would like to achieve, experience or leave the training having gotten for yourself...

Thank you! We look forward to creating a healthy, peaceful world with you!

**“We are the ones we’ve been waiting for.” Hopi Indians**

**"Let nothing come to harm the children" Native American Prayer**