

## KRI Level 1 *Aquarian Teacher Confidential Evaluation*

KRI would appreciate feedback regarding the Teacher Training Team, and the Certification program that you have just completed. Please fill out an Evaluation for each Teacher Trainer in the program.

Name of Teacher Trainer: \_\_\_\_\_ Date(s) of training: \_\_\_\_\_  
(e.g. Jan. - Sep. 2006)

Subjects taught: \_\_\_\_\_ Yoga Center: \_\_\_\_\_

Today's Date: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
(e.g. dd/mm/20yy)

### Code of Professional Standards for Kundalini Yoga Teachers

The following reflects the professional standards of Kundalini Yoga Teacher Trainers. Please tell us what you value most about each Trainer, and share any concerns you may have regarding the following:

#### Student/Teacher Relationship

"A teacher recognizes the trust placed in a student-teacher relationship, avoids relationships that could impair his or her professional judgment, and does not use a student-teacher relationship for personal gain.

Sexual involvement with students, including seductive speech and gestures, is unethical, even if a student invites or consents to such behavior.

A teacher strives to build the student's connection to the teachings and to their own soul, rather than to the teacher's personality."

Did this Teacher Trainer teach within the parameters of a student-teacher relationship outlined above?

Yes No

If you cannot answer yes to the above question, please comment below:

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#### Class Structure

Kundalini Yoga kriyas are never "made up" or changed by Kundalini Yoga Teachers or Teacher Trainers-- they are to be taught exactly as instructed by Yogi Bhajan.

Yes No

- Has this Trainer accurately conveyed and followed this policy in teaching Kundalini Yoga kriyas?
- Have you been taught to begin every Kundalini Yoga class by chanting "*Ong Namō Guru Dev Namō*" (at least 3 times) and to end with singing the Sunshine song?
- Did this Trainer communicate truthfully about the benefits of Kundalini Yoga, without unrealistic claims?

If you cannot answer yes to any of the above questions, please comment below:

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#### Professional and Personal Competence

Has this Teacher Trainer emphasized the importance of a Kundalini Yoga teacher's commitment to:

Yes No

- Actively practice Kundalini Yoga, and continue to improve one's professional knowledge and skills?
- Develop a daily spiritual practice, and abstain from alcohol, tobacco, and drugs?

If you cannot answer yes to any of the above questions, please comment below:

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Please use these ratings for the following questions:

1 = Superior    2 = Satisfactory, room for improvement    3 = Needs significant improvement    4 = Poor

**Presentation**

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easy to follow presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program well organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainer cooperative and helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ample time for questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment on specific teaching tools that this Teacher Trainer used that enhanced your understanding of the material (i.e. audio/visual, music, gong, CD ROM.)

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Do you have any suggestions on how the material could be presented that would make this Trainer's presentation more enjoyable and the information easier to comprehend?

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Please use the space below to comment on any other areas of strength or areas that need improvement for this particular Teacher Trainer:

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Overall, what did you experience as the highlights of this Trainers presentation? \_\_\_\_\_

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What aspect of this Trainer's presentation did you experience as most challenging? \_\_\_\_\_

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Do you feel adequately prepared to teach Kundalini Yoga?     Yes     Not Completely

If not completely, what additional support do you need?

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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: \_\_\_\_\_

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