INSTRUCTOR DIRECTORY RECOMMENDATION

3rd Generation Classical Pilates Teachers



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3RD GENERATION TEACHER: This is a fillable PDF. Type your information then give this form to your primary 2nd generation certifying instructor. PLEASE ONLY INCLUDE BUSINESS CONTACT INFORMATION. No home street addresses. _____ Telephone_____ Name BUSINESS Name (if you have one) BUSINESS Street Address_ City, State & Zip Code_____ Email Address: ____ Website In accordance with the Family Education Rights and Privacy Act of 1974, you can waive your right to inspect this recommendation by signing the statement below. Should you decide not to waive the right, you will have access to the recommendation upon request from True Classical Pilates. ____ I hereby waive my right of access to this recommendation. Signature of 3rd generation instructor date **RECOMMENDER** (2nd generation certifying instructor): The person named above would like to list their contact information in the <u>www.classicalpilates.net</u> Instructor Directory, which includes teachers with training lineage in Joseph Pilates' traditional method of mental & physical conditioning. You have been asked to submit comments on their qualifications. Please check-off and type answers to the following questions and mail this fillable PDF to the above address—with a copy of the certificate—or make PDFs then email them to peterf@classicalpilates.net > Certification date instructor successfully completed your 600+ hour training program: ____ Excellent Exceptional Above Average Average **Below Average** Not For each characteristic below Please rank the instructor: Top 5% Top 15% Top 25% Top 50% Lower 50% Applicable Personal Integrity Knowledge of Pilates Method Ability to Communicate Ability to Help Students Learn Motivation for Continued Study Self-Confidence Maturity **Overall Promise** What is your overall recommendation for this 3rd generation instructor (circle one choice below) Recommend with Confidence + Recommend + Recommend with Reservation + Not Recommended + Unable to Rate Additional Comments (at your discretion) _____ **RECOMMENDER CONTACT INFORMATION** _____ Email Address____ Signature____

Printed Name ______ Organization______
Address______
Phone______Website______Date______