INSTRUCTOR DIRECTORY RECOMMENDATION

3rd Generation Instructors

604 S. WASHINGTON SQUARE, # 1205 – PHILADELPHIA, PA 19106

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3RD GENERATION INSTRUCTOR: Complete this section (please print) then give it to your primary 2nd generation certifying instructor whom you have asked for a recommendation. **ONLY INCLUDE BUSINESS CONTACT INFORMATION.**

Name_____ Telephone_____

BUSINESS Name (if you have one) _____

BUSINESS Street Address (if you have one) _____

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 ClassicalPilates.net Instructor Directory, which includes teachers who have direct training lineage in Joseph Pilates' traditional method. You have been asked by this individual to submit your comments on their qualifications. Please respond to the following questions. After completing this form mail it 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:_____

For each characteristic below Please rank the instructor:	Exceptional Top 5%	Excellent Top 15%	Above Average Top 25%	Average Top 50%	Below Average Lower 50%	Not 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) _____

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RECOMMENDER CONTACT INFORMATION (for convenience, use a pre-made stamp then complete any remaining portions)

Signature_____ Email Address_____

Printed Name _____ Organization_____

Address_____

Phone_____Website_____ Date_____