



## Radiant Health Yoga® Teacher Training with COCC Professional Development



Registration Questionnaire

**Your Name:** \_\_\_\_\_

Please take the time to answer the following questions honestly and thoroughly. As with all classes, we will strive to meet your learning expectations and deliver the material in varied ways to meet the varied needs of our students. We appreciate your understanding that every teacher-in-training comes with different intentions and desired outcomes.

1. Have you been consistently practicing yoga for at least 6 months or more both in live (teacher led) classes as well as practicing at home.
2. What inspired you to take this training and how do you envision applying it to your personal and professional life?
3. What styles of yoga and meditation have you studied?
4. How has your yoga practice positively and/or negatively affected your life?

5. List your experience with other body-mind disciplines. i.e. movement, dance, bodywork and other psychophysical approaches to healing?

6. What is your educational background and current occupation?

7. Briefly summarize your health history. Include any injuries, or conditions that might affect your study and practice of yoga and meditation?

8. Everyone learns differently—please describe how you think you learn best (lecture, reading, online, interactive discussion, hands-on, visually, small group work).

9. How did you hear about this yoga teacher training program?