



RECOMMENDATION FORM

Please fill out the Applicant Information section and submit form to Jeanmarie Paolillo, Tia Platte or Myra Dionisio with whom you have studied and who can attest to your experience practicing yoga.

Applicant Information

Applicant's Name _____

Program applicant is applying for

200-Hour Teacher Training Program

Training Start Date _____

Location of Training _____

Recommending Teacher Information

To the recommending Teacher:

The candidate above is applying for the YogaWorks 200-hour Teacher Training program which includes a vigorous two-hour asana practice.

Recommending Teacher's Name _____

Teacher's Phone Number _____

Teacher's Email _____

Is this student consistent in his/her practice?

Yes No

Can this student straighten the arms in Downward Facing Dog?

Yes No

Does this student practice inversions?

Yes No

1. Briefly describe how long and in what capacity have you known the applicant?

2. Briefly describe if you would recommend this applicant for YogaWorks Teacher Training program? Why or why not?

3. Please indicate your overall endorsement of the applicant.

- Highly recommend
- Recommend
- Recommend with reservations
- Not recommend

Recommending Teacher's Signature _____

Date (M/D/YYYY): _____