

Soul Fitness Mind Body Studios

500 Hour Yoga Teacher Training



First Name _____ Last Name _____

Address _____

Phone Number _____ Email _____

How long have you been practicing yoga?

Please provide a description of your current yoga practice. What are your strengths and what are your weaknesses?

Of the philosophies of yoga, which do you find most resonates with you?

In what way has yoga affected your life?

What is your current occupation?

Are there any other hobbies that you enjoy?

Have you ever been injured from yoga and if so what did you learn from this experience.

How long have you been teaching yoga classes?

What is your teaching style? How often do you teach?

What do you feel your strengths are when you teach a class? What do you wish to improve on?

What do you feel is the biggest challenge you face as a yoga teacher?

What are your goals and objectives for taking the 500 hour teacher training program? What is your long term vision once you have completed the training?