**Spanda**® **Yoga Movement Therapy Professional Yoga Therapist Training**

**Reference Letter Form**

Applicants to Spanda®Yoga Movement Therapy Professional Yoga Therapist training programs are required to submit two letters of reference. Beyoind responsing to the questions below, feel free to add anything else you think might be useful. Please send your letter directly to: Spanda®Yoga, 15 Timberlane Drive, Pennington, NJ 08534. If you prefer, you can email it as a .pdf file or word file to: symt@spandayoga.com. *Thank you!*

1. In what capacity do you know the applicant and for how long?
2. Please comment on your experience of the applicant’s teaching and/or therapeutic work. If this is not within your experience of the applicant, please tell us about why you think the applicant would be a good yoga teacher and/or therapist.
3. Please comment on your experience of the applicant’s sincerity and openness to new ideas, possibilities, and personal growth.
4. What else would you like us to know about the applicant?

Your name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_