



INTEGRAL YOGA®
YOGA FOR THE SPECIAL CHILD (TM) TEACHER TRAINING
APPLICATION LETTER
September 23 – September 30, 2011

Greetings of Peace from Yogaville!

Thank you for your interest in our Yoga For The Special Child (TM) Teacher Training Program. For more than 30 years, students from all over the world have come to participate in our residential Teacher Training programs. This letter contains the program information: curriculum, daily schedule, accommodations and an application form. After reading this material, if you have any questions or require additional information, please feel free to contact us.

This comprehensive training program provides the essential tools for working with children with special needs. Using hands-on and video instruction, Sonia (Sivakami) Sumar, guides program participants through each stage of the special child's development. Topics include: how to evaluate infants and children, how to create the optimum home environment and how to work with specific syndromes and disorders. Designed for parents, special education teachers, massage therapists and Yoga teachers, it is also appropriate for the continuing education of nurses, physical therapists and occupational therapists.

WHAT MAKES INTEGRAL YOGA® UNIQUE?

Integral Yoga is a complete science that cultivates and maintains the physical, mental, emotional and spiritual health of the individual. The non-competitive approach and meditative exploration of the Integral Yoga practices create an indrawn awareness that allows each student to reconnect with deeper and more subtle aspects of being. Our comprehensive certification programs provide a strong foundation for personal and spiritual development, an appreciation for nurturing a personal practice and the skills to become a knowledgeable and professional Yoga teacher. The Integral Yoga training process fosters the teacher's sensitivities to help create a safe environment for their students that allow them to realize their potential, gain self respect and learn to be of greater service to others.

The Integral Yoga system of Hatha Yoga is utilized by the Commonwealth Cancer Help program and Dr. Dean Ornish in his book, *Dr. Dean Ornish's Program for Reversing Heart Disease*.

WHY A RESIDENTIAL PROGRAM?

The most effective teaching comes from direct experience. Our residential programs are designed to offer you the experience of living the teachings of Yoga and to present the necessary tools that will enable you to pass these great teachings on to others. During your stay, you will immerse yourself in the yogic lifestyle and transform your body, mind and spirit. Our residential programs offer a supportive and nurturing environment for practice and study away from the distractions of everyday life.

PROGRAM DATES

The program begins on Friday, September 23, starting with registration at 4:00 pm, and ends after lunch on Friday, September 30.

DAILY SCHEDULE

The daily schedule is very full; it is designed to help you fully realize the benefits of the Yoga practices and to offer you the optimum environment in which to study and learn. Each day begins with meditation at 6:00am, followed by a Hatha Yoga class. During the day, you will have training courses, workshops, practice sessions, a noon meditation at the beautiful LOTUS Temple and some free time. This schedule covers six days and five nights a week. You are expected to stay at the Ashram for the entire time to successfully complete the program.

Satchidananda Ashram-Yogaville

108 Yogaville Way, Buckingham, Virginia 23921 Tel: 43.969.3121 ext. 139 iytt@iyiva.org www.integralyogaprograms.org

CURRICULUM

This comprehensive training program provides the essential tools for working with children with special needs. Using hands-on and video instruction, Sonia (Sivakami) Sumar, guides program participants through each stage of the special child's development. Topics include: how to evaluate infants and children, how to create the optimum home environment and how to work with specific syndromes and disorders. Designed for parents, special education teachers, massage therapists and Yoga teachers, it is also appropriate for the continuing education of nurses, physical therapists and occupational therapists.

The one-week certification program incorporates the following:

- Specific techniques for evaluating infants and children
- The different components of interacting and bonding with infants/children
- The components of Yoga Therapy
- The description of the physiological/psychological benefits
- The four stages of development:

1) Preparatory Stage (birth - 6 months)

2) Inductive Stage (6 months - 1 year)

3) Interactive Stage (1 - 2 years)

4) Imitative Stage (2 - 3 years)

- Videos and/or working with children 3 – 12 years old
- Contra-indications
- Relaxation techniques
- Yoga for adolescents and young adults
- Challenge of adolescents
- Consultation with parents

FACULTY

Sonia Sumar is internationally known for her pioneering work using Yoga therapy with special children. She has owned and directed centers for Yoga for the Special Child™ in Chicago and in Brazil, where she achieved remarkable results working with children who have Down Syndrome and other challenges. She travels extensively, conducting workshops and training programs throughout the United States, Portugal and South America. She is also the author of the book *Yoga for the Special Child*.

PREREQUISITES

This course is available to anyone with an interest in working with this population. We recommend that all students not trained through Integral Yoga familiarize themselves with the Integral Yoga method of teaching Hatha Yoga by taking classes at an Integral Yoga Institute or from an IY teacher. Information on Integral Yoga teachers in your area can be obtained from the online Teachers Directory at www.iyta.org or by contacting the Integral Yoga Teachers Association at 434-969-3121, ext. 177. If this is not possible, you may purchase the DVDs *Yoga with a Master* and the *Integral Yoga Hatha I* thirty minute CD from IY Distribution at 1-800-262-1008 (outside US, call 1-434-969-1049).

CERTIFICATION

At the end of the course, graduates receive a diploma certifying them to teach Hatha Yoga to Children with Special Needs.

Integral Yoga may award approximately 55 hours towards Yoga Alliance registration with the completion of this course.

ATTENDANCE

Attendance is required for all sessions – from the program orientation on the first day through the coursework on the last day. This includes all morning and afternoon practices of Hatha Yoga and meditation.

DIET

You will enjoy three healthy vegetarian meals daily, served buffet style, with a salad bar. The diet includes simple, deliciously prepared fresh vegetables, whole grains, legumes, tofu and some dairy. No meat, fish or eggs are served.

ACCOMMODATIONS

Accommodation choices vary and include dorm, private room with shared bath and private room with private bath. You may also bring your own tent and camp at one of our tent sites. If you choose dorm accommodation, you will board in our modern dormitory, Vivekananda Vihar, conveniently located near classrooms and the meditation and dining halls. Men and women are housed separately. We have rooms that accommodate up to six people. Generally, we are able to arrange accommodations so that the smaller rooms house two or three people and the larger rooms house four or five people. Private rooms are available at an additional price. Please keep in mind that private rooms are limited. If a private room is your accommodation choice, we recommend securing your reservation by applying early, especially during the summer season.

COURSE COSTS

The tuition for this course is \$960 The prices for our various accommodations are as follows:

Tent (own)	\$320	Dormitory	\$470
Private Room/Shared Bath	\$600	Private Room/Private Bath	\$700

***See payment page for available discounts.**

Because of the rigorous daily schedule, we are unable to grant any work scholarships in lieu of payment for the course. Also, we are not able to accommodate children.

FINANCIAL AID

Limited partial scholarships are available for students who can demonstrate financial need. Those wanting aid must submit a scholarship application with the program application. Please contact the Teacher Training Administrator for further details and a scholarship application; Tel: 434-969-3121 ext 153 or email iytt@iyiva.org

TO APPLY

You may visit www.integralyogaprograms.org under Yoga for the Special Child Teacher Training, to submit an electronic application or complete and mail or fax your application with health form and your preferred payment option by August 23 to:

Teacher Training Administrator
Satchidananda Ashram—Yogaville
108 Yogaville Way
Buckingham, VA 23921
Fax: 434-969-1303

When your application is received, you may be contacted for additional information. Upon approval, you will receive an acceptance letter, along with more detailed information on what to bring, travel directions, additional accommodation information, ashram lifestyle, etc.

LATE REGISTRATION

In order for your application to be considered please submit no later than August 23, with full payment enclosed. After this date please check with Teacher Training Administration for availability before applying.

CANCELLATIONS

If you cancel 45 days or more prior to the first day of the training, you will receive a refund less \$150. If you cancel between 30 and 45 days prior to the first day, you will receive a refund less \$300. If you cancel less than 30 days prior to the start date, you will receive a refund less \$500. *You may transfer the amount paid (less a \$25 transfer fee) to another program within a 12-month period.*

No refund will be given after the start of the program.

FURTHER INFORMATION

Please direct questions about the course to the Teacher Training Department at 434-969-3121, ext. 153 or iytt@iyiva.org. Please direct questions concerning accommodations, travel arrangements and payment to the Ashram Reservation Center (ARC) at 1-800-858-9642 or 434-969-2048 or by email to arc@iyiva.org.

Thank you for your interest in this Integral Yoga Teacher Training Program. We are enclosing an application form, and we look forward to hearing from you soon. Please feel free to contact us if you have any questions.

Ever Yours in Yoga,



Lilavati Eberle
Teacher Training Administration
Tel: 434-969-3121, ext.153
E-mail: iytt@iyiva.org



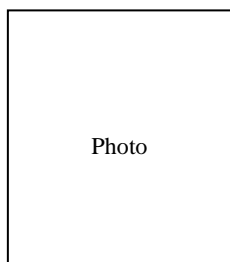
Supriya Anne Butz
Teacher Training Administration
Tel: 434-969-3121, ext.139
E-mail: supriya@iyiva.org



"The goal of Yoga is an easeful body,
peaceful mind and useful life."
— Sri Holiness Sri Swami Sachchidananda, Founder

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PLEASE NOTE: The application form consists of four pages. Your application will be processed upon receipt of all four completed pages. Please use additional sheets of paper, if necessary.



NAME _____ (Name you prefer to be called, if different) _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____ COUNTRY _____
 BUSINESS ADDRESS (if applicable) _____

PHONE# home: _____ cell: _____ work: _____

E-MAIL ADDRESS _____

AGE _____ MONTH/DAY/YEAR OF BIRTH _____ Gender M _____ F _____

MARITAL STATUS _____ OCCUPATION _____

Is this your first program at Satchidananda Ashram Yogaville? Yes No

Level of your personal Hatha Yoga practice: Hatha I Hatha II Hatha III

Level of your personal meditation practice: Beginner Experienced

Please tell us where you heard about us: (Friend, Internet, Yoga Journal, Yoga+ Joyful Living, Advance magazine, Yoga Teacher)

Acceptance letters can be sent by: E-mail attachment OR regular mail (Please choose)

		<i>Office use only</i>			
	<i>Date</i>	<i>Initials</i>		<i>Date</i>	<i>Initials</i>
Received:	_____	_____	ARC:	_____	_____
Approved:	_____	_____	Email:	_____	_____
Sent to ARC:	_____	_____	Reg. Mail:	_____	_____

**PAYMENT DETAILS FOR
YOGA FOR THE SPECIAL CHILD (TM) TEACHER TRAINING
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Note: You have the option of returning your payment by mail and including the following information on this page, or you can call in your credit card payment to the Ashram Reservation Center at 1-800-858-9642 (outside US, call 434-969-2048).

Discounts (PLEASE CHECK DISCOUNTS THAT MAY APPLY. DISCOUNTS WILL BE CONFIRMED UPON APPLICATION APPROVAL.)

- International 10% Senior Citizen 10% Military 10% IYTA member 5%
 Student Discount 10%. ID#: _____ Name of Institution _____
 Early Bird \$100.00 (offered for **full payment 90 days or more** before course start date.)
 IYI employee (If you are employed by an Integral Yoga Institute please check with your IYI manager for details regarding a discount for this program.) **Please note:** There is a 20% discount limit per application.

Tuition

Tuition for the Yoga for the Special Child Teacher Training Course is: \$960

PLEASE CHOOSE YOUR ACCOMMODATION

<input type="checkbox"/> Tent: (\$320) <input type="checkbox"/> Private room/shared bath (\$600)	<input type="checkbox"/> Dorm (\$470) <input type="checkbox"/> Private room/private bath (\$700)
Total Costs: Tuition (\$960) Plus Accommodations: \$ _____	
Less Discount Requested (Discount given off total cost for tuition & accommodations) \$ _____	
TOTAL PAYMENT DUE: \$ _____	

PLEASE CHOOSE ONE OF THE FOLLOWING PAYMENT OPTIONS

<p>OPTION 1: <input type="checkbox"/> I am enclosing payment in full for tuition and accommodation \$ _____</p> <p>OPTION 2: <input type="checkbox"/> I am enclosing \$500 initial payment, and I agree to pay in full by August 27, 2010.</p> <p>OPTION 3: <input type="checkbox"/> I am enclosing a \$500 initial payment, and I authorize the balance of payment to be automatically processed to the credit card listed below two weeks prior to the start date of the program.</p> <p style="text-align: right;">Signature _____</p>

Check enclosed payable to SAYVA. Please charge full payment/initial payment to my credit card below.

Visa MasterCard Discover

Acct. No. _____ Exp. Date _____

Name on Credit Card _____ Signature _____

(Please continue with application)

Please answer the following questions; use additional sheet(s) of paper if necessary:

- 1) Are you a certified Yoga Teacher?
- 2) If so, when and where did you receive your training?
- 3) Where do you teach Yoga?
- 4) What is your experience with Sri Swami Satchidananda and the teachings of Integral Yoga?
- 5) Please describe any Integral Yoga programs or retreats you have participated in.
- 6) Is English your primary language? If not, what is?
- 7) What other languages do you speak fluently?
- 8) What is your experience in working with children?
- 9) What is your experience in working with children with special needs?
- 10) Are you a parent of a child with special needs? If so, please describe.
- 11) Will you be bringing your child?

If so:

Child's Name: _____ Age: _____ M ___ F ___

Please describe why you want to take this training and what you plan to do after certification.

(Please continue with application)

HEALTH RECORD

The following information is requested in order to better serve you and the Yogaville staff.
If you answer yes to any of the following questions, please use a separate page for complete explanation.

- Are you under medical treatment for any physical or psychological condition? Yes ___ No ___
- Are you currently pregnant or trying to become pregnant? Yes ___ No ___
- Have you ever been treated or hospitalized for a psychiatric condition? Yes ___ No ___
- Do you have any long-term medical conditions? Yes ___ No ___
- Do you have any chronic physical limitations or disabilities? Yes ___ No ___
- Have you had a serious illness or major surgery within the last 5 years? Yes ___ No ___
- Do you have any dietary or health restrictions? Yes ___ No ___
- Do you have a communicable disease? Yes ___ No ___
- Do you snore? Yes ___ No ___
- Are you in recovery from a drug/alcohol addiction or eating disorder? Yes ___ No ___
- Do you have any hearing difficulties or vision impairment? Yes ___ No ___
- Describe your weekly alcohol consumption & or non-prescription drug use:

On a separate page, please list any prescription medication you are taking (indicate dosage and frequency of intake; we do not need to know about birth control or cosmetic prescriptions). Also please describe in detail any “yes” answers you provided above.

Emergency Contacts

In case of emergency, please contact:

Name _____ phone # _____

My relationship to the person above: _____

Physician _____ phone # _____

Therapist _____ phone # _____

AGREEMENT

I wish to learn the teachings of Sri Swami Satchidananda and experience the yogic way of life as taught at Satchidananda Ashram – Yogaville. Therefore, I agree to abide by the Ashram guidelines, which include following a vegetarian diet (**no meat, fish or eggs**) and refraining from the use of alcoholic beverages, cigarettes or recreational drugs *both on and off Ashram grounds for the duration of the program*. I realize that if I do not comply, I may be asked to leave. I certify that I am in good health and have no physical or mental ailments, except as may be indicated on this application. I further agree to assume full responsibility for any injuries or damages that might occur to myself or my property during my stay.

Signature _____ Date _____