



Coaching Cycle Evaluation

Directions: Please take a moment to provide feedback on the coaching cycle that you completed. Check the box that corresponds with your opinion to each statement. When the survey is completed, leave it with your coach. **Note: This Form is also available via Survey Monkey [here](#).**

1. **Dates of session (ie July 2017 – September 2017):** _____

2. **Coach name:** _____

3. **Zip code of sessions:** _____ 4. **County of session:** _____

5. **Program Affiliation** (check the one that best suits you):

<input type="checkbox"/> Early Head Start	<input type="checkbox"/> Head Start	<input type="checkbox"/> Child Care	<input type="checkbox"/> PreSchool
<input type="checkbox"/> Early Intervention (EI)	<input type="checkbox"/> Pre-K	<input type="checkbox"/> Pre-K Special Ed	<input type="checkbox"/> K- 3
<input type="checkbox"/> Institution of Higher Education	<input type="checkbox"/> Medical Clinic/hospital	<input type="checkbox"/> Department of Social Services	
<input type="checkbox"/> Child Care Resource & Referral agency		<input type="checkbox"/> Other (please explain) _____	

6. **Position** (check the one that best suits you):

<input type="checkbox"/> Administrator	<input type="checkbox"/> Teacher	<input type="checkbox"/> OT/PT	<input type="checkbox"/> Home Visitor
<input type="checkbox"/> Education Coordinator	<input type="checkbox"/> Teacher Assistant	<input type="checkbox"/> Psychologist	<input type="checkbox"/> Faculty Member
<input type="checkbox"/> Disability Coordinator	<input type="checkbox"/> Family Educator	<input type="checkbox"/> Trainer/Technical Assistance Provider	
<input type="checkbox"/> Social Worker/Mental Health Counselor		<input type="checkbox"/> Positive Behavioral Support staff	
<input type="checkbox"/> LPN/RN		<input type="checkbox"/> Other (please explain) _____	

7. **County(s) you serve:** _____

8. **Number of children ages 0-5 years you serve, directly or indirectly:** _____

Please fill in the box that best describes your opinion as a result of participating in this coaching cycle...	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
9. I feel comfortable with my coach					
10. We have established a team approach (collaborative partnership)					
11. We have agreed on the goals and planned action steps for coaching sessions					
12. The observations by my coach are focused and based on the action plan					
13. The time spent on reflection and feedback is constructive and supportive					



Please fill in the box that best describes your opinion as a result of participating in this coaching cycle...	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
14. I learned strategies and activities to use in my work as a teacher implementing the Pyramid Model					
15. The coach was helpful in identifying effective strategies and tools					
16. The coach was effective in the delivery of the information					
17. I am using new strategies in my classroom					

Please respond to the following questions regarding this coaching cycle. Remember that this feedback is important to improve coaching practices.

18. What do you do differently as a result of coaching? _____

19. The best features of this coaching session were: _____

20. My suggestions for improving the coaching sessions are: _____

21. Would you recommend coaching to others? _____

22. Cost of this coaching cycle was/was not affordable: _____

23. How many coaching sessions did you have with this coach? _____

24. Other comments and reactions to the coaching experience you wish to offer: _____

25. Can we contact you in the future to learn more about your experience? Yes No

*Note: Your personal information will **not** be disclosed to the coach, but used to help improve the implementation of the Pyramid Model.*

a) Name: _____

b) Email: _____