



Internal Coaching

Session Evaluation Form

Directions: Please take a moment to provide feedback on the training session that you attended. Check the box that corresponds with your opinion to each statement. When the survey is completed, leave it with your trainer.
Note: This Form is also available via Survey Monkey on the NYS Early Childhood Advisory Council website: <http://bit.ly/NYpyramid>

1. Date of session: _____ 2. Coach's name: _____
 3. Zip code of session: _____ 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 (if you are an administrator or trainer): _____

9. Please put an "X" in the box that best describes your opinion as a result of participating in this coaching session.	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
I feel comfortable with my coach				
We have established a team approach (collaborative partnership)				
We have agreed on the goals and planned action steps for the coaching sessions				
The observations by my coach are focused and based on the action plan				
The time spent on reflection and feedback is constructive and supportive				
I learned strategies and activities to use in my work as a Pyramid Model Trainer.				
Comments:				



10. Please put an "X" in the box that best describes your opinion of the coach after the coaching session.	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
The coach was helpful in identifying effective strategies and tools				
The coach was effective in the delivery of the information				
I am using new strategies in my classroom				
Comments:				

Please respond to the following questions regarding this training. *Remember that this feedback is important to improve trainer practice.*

11. What do you do differently as a result of coaching?
12. The best features of this coaching session were:
13. Ideas for next steps that I will work on until the next session with my coach are:
14. My suggestions for improving the coaching sessions are:
15. Would you recommend this training to others? Yes No
16. Cost of this coaching session: _____
17. How many coaching sessions have you had with this coach?
18. Other comments and reactions to the coaching experience you wish to offer:
19. Can we contact you in the future to learn more about your experience? Yes No
 - a) Name: _____
 - b) Email: _____

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