 **Coaching Form**

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| **Teacher:** | **Literacy Coach:**  |
| **Coaching Method:** | **Video: Yes No** |
| **Objective of Coaching Session:**  |

**PRE-CONFERENCE**

**DATE:**

**Date:**

|  |
| --- |
|  |

**COACHING SESSION**

**Information & Data Collection**

|  |  |
| --- | --- |
| **Coach’s Notes****Date:** | **Teacher’s Notes****Date:** |
| **2nd observation and/or follow-up notes if applicable****Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |

**REFLECTION**

**DATE:**

|  |  |
| --- | --- |
| **Coach’s Notes:****How will you support teacher with implementation? Did you learn anything?** | **Teacher’s Notes:****What went well? What would you change? What did you learn?** |
|  |  |

**POST CONFERENCE/ ACTION PLAN**

**DATE:**

|  |  |
| --- | --- |
| **Coach****To-do List** | **Teacher****What do you need for implementation?** |
|  |  |

**Teacher Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructional Coach Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**