

Professional Low Incidence Educator Coaching Program:  
**Evaluation Form for Participating Partner**  
(To be completed by PARTNER at end of school year)

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Participating **Partner** Name: \_\_\_\_\_

Participating **Coach** Name: \_\_\_\_\_

Time Period (MM/YY – MM/YY): \_\_\_\_\_

1- strongly disagree	2-disagree	3-neutral	4- agree	5- strongly agree
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1 2 3 4 5 The coach met my expectations according to the program guidelines.

1 2 3 4 5 The coach was actively engaged in presenting and discussing strategies, answering questions, and providing resources/materials on an ongoing basis.

1 2 3 4 5 The coach contacted me on a regular basis (a minimum of 9 contacts throughout the school year), and completed follow-up activities outlined in the contact log.

1 2 3 4 5 I demonstrated growth and improvement in one or more goal areas identified on the contact log.

1 2 3 4 5 I felt that state and local resources (manuals, guidelines, websites, etc.) provided to me were helpful. Of most support were the following resources:

\_\_\_\_\_  
\_\_\_\_\_

Additional comment on your coach's overall participation in the Professional Coaching program:

List any suggestions for improving the Professional Coaching Program:

*Adapted from "A Plan for Mentorship of Educational Interpreters in Minnesota," Gordon, Magler, 2000.*

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