

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

Participating Coach Name: _____

Participating Partner 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 'partner' met my expectations according to the program guidelines.

1 2 3 4 5 The 'partner' was open to and actively engaged in the strategies presented by me as the professional coach.

1 2 3 4 5 The 'partner' completed follow-up activities outlined in the contact log.

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

1 2 3 4 5 I received adequate support and materials from the statewide low incidence specialist in order to effectively meet coaching expectations.

Please comment on your partner'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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