**Tri-County Head Start/Early Head Start**

**Observation Log Center: \_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Observation Log** | | | |
| Coachee: | | Coach: | |
| Date: | Time spent preparing: | | Time start:  Time end: |
| Focus: | | | |
| What I observed: | | | |

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

Coachee’s Signature & Date Coach’s Signature & Date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Coaching Components And Reflection Sheet** | | | | |
| Coaching Components | Yes | No | N/A | Initials/Date |
| **Reflection:** | | | | |
| I encouraged the teacher to consider her actions by asking reflective questions. |  |  |  |  |
| I maintained professionalism and confidentiality. |  |  |  |  |
| **Feedback:** | | | | |
| I reviewed the current action plan & goal. |  |  |  |  |
| I shared data on the related action plan & goal. |  |  |  |  |
| I provided supportive feedback on teacher’s use of strategies related to the action plan & goal. |  |  |  |  |
| Feedback was positive and highlighted teacher’s strengths. |  |  |  |  |
| I provided constructive feedback which was non-judgmental and included suggestions for improvement related to the action plan & focused goal. |  |  |  |  |
| **Planned Actions:** | | | | |
| I directed teacher to examples or materials that might help the teacher address the relevant action plan & focused goal or was requested. |  |  |  |  |
| **Scheduling:** | | | | |
| Together, the teacher and I determined days/times to conduct the next observation. |  |  |  |  |
| Together, the teacher and I determined days/times to conduct next coaching session. |  |  |  |  |
| **Checking In:** | | | | |
| I asked the teacher if he or she had any questions or concerns. |  |  |  |  |
| I answered any questions. |  |  |  |  |
| **Notes/Comments/Concerns:** | | | | |
|  | | | | |

**Tri-County Head Start/Early Head Start**

**Reflection Sheet Center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Reflection Sheet** | | | |
| Coachee: | | Coach: | |
| Date: | Time spent preparing: | | Time start:  Time end: |
| Focus: | | | |
| What I want to Share | | | |

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

Coachee’s Signature & Date Coach’s Signature & Date