

Early Learning Coalition of Escambia County

Coaching Agreement

Section One: Director's Request

Submission Date: _____ Center Name: _____
 Director's Name: _____ Director's Email: _____
 Classroom/ Teacher's Name Coaching requested for: _____
 Teacher(s) emails: _____
 Type of Coaching Needed: _____

Once completed with the top portion email to coaches@elcescambia.org

Section Two: ELC Coach Use Roles and Responsibilities

Coach	Coachee

Expectations for How We Will Work Together

Ways We'll Communicate (check all that apply)

Face-to-Face Email Virtual Phone

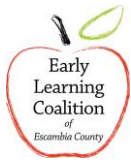
Coaching accept: Coaching declined:

Teacher's signature: Director's Signature:

First schedule appointment:

Notes:

Teacher Initials: Coaches Initials:



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Second schedule appointment:

Notes:

Teacher Initials:

Coaches Initials:

Third schedule appointment:

Notes:

Teacher Initials:

Coaches Initials:

Session 3: Coaching Visit Summary

Take-Action: In what ways can you continue what you learned in other aspects of your classroom?

Would you like Coaching within the above area? Yes No

Is there other Coaching you would like? With what?

Next Coaching Opportunity Set?

Teacher's signature:

Director's Signature:

Coaches Signature:

Notes: