

COACH UNIVERSAL FEEDBACK FORM

School Name:

Coach Name:

Date of Coached Meeting:



Individual team members should complete this feedback form as the final agenda item of each coached meeting. Your school will be identified but individual respondents will remain anonymous. Feedback will inform professional development of coaches within the SPDG project. Identifiers will be removed and data will be reported in aggregate. This form reflects the shifting role of coaches in the final year of the grant. Schools are equipped to facilitate and lead meetings. Please note the words used in the questions below to describe the actions of the coach and answer honestly.

1. **Coach monitors the use of data in discussions. (2 & 5)**
Most of the time Some of the time Rarely Not at all
2. **Coach monitors conversations for goal-orientation. (3 & 5)**
Most of the time Some of the time Rarely Not at all
3. **Coach supports our team to stay focused on students with IEPs. (7)**
Most of the time Some of the time Rarely Not at all
4. **Coach builds trust, rapport and respect. (6)**
Most of the time Some of the time Rarely Not at all
5. **Coach observes and provides me feedback on my participation in discussions. (4)**
Most of the time Some of the time Rarely Not at all
6. **Coach is relatable. (4 & 6)**
Most of the time Some of the time Rarely Not at all
7. **Coach keeps emotions in check. (1)**
Most of the time Some of the time Rarely Not at all
8. A space is provided at the bottom for **optional narrative.**