Coaching Log

Coach ID:_____ Program: _____

Date	Teacher *(first name only)*/ Program	Activities/Strategies *(check all that occurred during session)*		Duration *(in min)*	Follow-up?
		Observations	Meetings		
		☐ Observing ☐ Modeling ☐ Verbal support ☐ Side by side gestural support ☐ Problem solving discussion ☐ Reflective conversation ☐ Help with environmental arrangements ☐ Other help in the classroom ☐ Conduct TPOT ☐ Conduct TPITOS ☐ Other	☐ Problem solving discussion ☐ Reflective conversation ☐ Help with environmental arrangements ☐ Role play ☐ Video feedback ☐ Graphic feedback ☐ Goal setting/action planning ☐ Performance feedback ☐ Material provision ☐ Demonstration ☐ Other		☐ email ☐ phone ☐ none
		☐ Observing ☐ Modeling ☐ Verbal support ☐ Side by side gestural support ☐ Problem solving discussion ☐ Reflective conversation ☐ Help with environmental arrangements ☐ Other help in the classroom ☐ Conduct TPOT ☐ Conduct TPITOS ☐ Other	☐ Problem solving discussion ☐ Reflective conversation ☐ Help with environmental arrangements ☐ Role play ☐ Video feedback ☐ Graphic feedback ☐ Goal setting/action planning ☐ Performance feedback ☐ Material provision ☐ Demonstration ☐ Other		☐ email ☐ phone ☐ none
		☐ Observing ☐ Modeling ☐ Verbal support ☐ Side by side gestural support ☐ Problem solving discussion ☐ Reflective conversation ☐ Help with environmental arrangements ☐ Other help in the classroom ☐ Conduct TPOT ☐ Conduct TPITOS ☐ Other	☐ Problem solving discussion ☐ Reflective conversation ☐ Help with environmental arrangements ☐ Role play ☐ Video feedback ☐ Graphic feedback ☐ Goal setting/action planning ☐ Performance feedback ☐ Material provision ☐ Demonstration ☐ Other		☐ email ☐ phone ☐ none