**Coaching in Action Checklist**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Completing Checklist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Setting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coachee (e.g., parent, other family member, child care provider): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  |  | **Notes/Comments** |
| JOINT PLAN: Agreement by the coach and coachee on the actions they will take or the opportunities to practice between coaching visits  | * Referenced from last session and used to check in/begin?

 **YES or NO*** Asked the caregiver what they would like to work on today?

 **YES or NO** |  |
| OBSERVATION:Examination of another person’s actions or practices to be used to develop skills, strategies, or ideas | * Asked the caregiver what has been tried before showing a strategy?

 **YES or NO** * Gave caregiver an opportunity to demonstrate what they’ve tried before showing a strategy?

 **YES or NO** |  |
| ACTION/PRACTICE:Spontaneous or planned events that occur within the context of a real-life situation that provide that coachee with opportunities to practice, refine, or analyze new or existing skills | * Intentionally modeled/coached strategy after observing/learning what caregiver has already tried?

 **YES or NO*** Gave caregiver the opportunity to practice the intentionally modeled/coached strategy?

 **YES or NO** |  |
| REFLECTION:Analysis of existing strategies to determine how the strategies are consistent with evidence based practices and how they may need to be implemented without change or modified to obtain the intended outcome(s) | * Used open-ended questions to help the family reflect on past and/or new strategies?

**YES or NO*** Asked caregiver what differences they noted (previous practice vs. current practice)?

 **YES or NO*** Asked caregiver how they felt implementing the strategy?

 **YES or NO** |  |
| FEEDBACK:Information provided by the coach that is based on his/her direct observations of the coachee, actions reported by the coachee, or information shared by the coachee and that is designed to expand the coachee’s current level of understanding about a specific evidence based practice or to affirm the coachee’s thoughts or actions related to the intended outcomes | * Verbally coached the caregiver while practicing, by providing informative feedback?

 **YES or NO*** Provided feedback that affirms the family’s strengths and capacity to support their child’s learning and development?

 **YES or NO** |  |
| JOINT PLAN | * Supported the family in making a joint plan for in between sessions?

 **YES or NO** |  |