

Coaching Log Notes

** Transfer notes to online form by the last Friday of the month*

Site ID: ___ School ID: ___ Month: ___ Year: 20 ___ CSESA COACH Initials: _____

Date	Coached Who?		Length of Time	Coached How?	Coached on What Content?	
	# of Staff Coached (√ one)	Role(s) (√ all that apply)			List Evidence Based Practice(s) or "none"	Component (√ all that apply)
	<input type="checkbox"/> Individual (1) <input type="checkbox"/> Small group (2-3) <input type="checkbox"/> Large group (4+)	<input type="checkbox"/> A-team Lead <input type="checkbox"/> Special Educ. Teacher <input type="checkbox"/> General Educ. Teacher <input type="checkbox"/> Paraprofessional <input type="checkbox"/> Transition <input type="checkbox"/> OT, SLP, PT <input type="checkbox"/> Counselor <input type="checkbox"/> Psychologist <input type="checkbox"/> Administrator <input type="checkbox"/> District/ Building Spec <input type="checkbox"/> Community Provider	<input type="checkbox"/> 10 minutes or less <input type="checkbox"/> 11 to 20 min <input type="checkbox"/> 21 to 30 min <input type="checkbox"/> 31 to 40 min <input type="checkbox"/> 41 to 60 min <input type="checkbox"/> 61 to 90 min <input type="checkbox"/> 91+ minutes	<input type="checkbox"/> Observation <input type="checkbox"/> Discussion <input type="checkbox"/> Action/Modeling <input type="checkbox"/> Check-in	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> None	<input type="checkbox"/> APERS <input type="checkbox"/> GAS <input type="checkbox"/> AAL <input type="checkbox"/> CSR <input type="checkbox"/> PRISM <input type="checkbox"/> PN <input type="checkbox"/> PS <input type="checkbox"/> SCI <input type="checkbox"/> SD-IEP <input type="checkbox"/> School Planning <input type="checkbox"/> Student Planning <input type="checkbox"/> WBLE <input type="checkbox"/> TP <input type="checkbox"/> TT <input type="checkbox"/> CSR <input type="checkbox"/> Other <input type="checkbox"/> None
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