

Region 6 – Coaching Plan

Coach/Mentor: _____

EPS Vendor: _____

Provider/Educator Name: _____ **Contact person** _____

Town: _____ **Email** _____ **Phone** _____

Program ID Number (top left side of license): _____ **Educator PQ Number:** _____ **QRIS Level** _____

Educator:

IPDP: Initial development Date: _____ **Reassessment Date:** _____ **Does not have an IPDP** _____

For programs:

CQI plan in place: _____ **YES** _____ **NO** (CQI plan must be discussed in EPS coaching)

| <p align="center">Coaching Plan</p> <p>(For Programs a CQI plan must be in place. If a program does not have one, establishing CQI plan should be goal 1 of coaching plan)</p> | <p align="center">Coaching Action Plan</p> <p>(ex. 2-hour visit 1x/month for 6 months)</p> | <p align="center">Coaching Evaluation</p> <p>(If goals are revised, please provide brief explanation in coaching notes)</p> |
|---|---|---|
| <p>GOAL 1: Date goal established _____</p> | | <p><input type="radio"/> Goal Achieved Date: _____</p> <p><input type="radio"/> In progress Date: _____</p> <p><input type="radio"/> Goal Revised Date: _____</p> |
| <p>GOAL 2: Date goal established _____</p> | | <p><input type="radio"/> Goal Achieved Date: _____</p> <p><input type="radio"/> In progress Date: _____</p> <p><input type="radio"/> Goal Revised Date: _____</p> |
| <p>GOAL 3: Date goal established _____</p> | | <p><input type="radio"/> Goal Achieved Date: _____</p> <p><input type="radio"/> In progress Date: _____</p> <p><input type="radio"/> Goal Revised Date: _____</p> |

Coaching Notes

Coach/Mentor: _____ Date: _____

Educator/Provider Name: _____

Focus of Coaching Meeting: _____

Length of Visit/Conversation: _____

Observation

NEXT STEPS
