

Program Coach Contact Record

Name: _____

	Contact with:	Contact form:	Support Provided (indicate all that apply)
Date: Duration:	<input type="checkbox"/> Leadership Team member <input type="checkbox"/> Program administrator <input type="checkbox"/> Practitioner coach <input type="checkbox"/> Data Coordinator <input type="checkbox"/> Other	<input type="checkbox"/> Site visit <input type="checkbox"/> Phone call <input type="checkbox"/> Email <input type="checkbox"/> Off-site meeting <input type="checkbox"/> Other	Leadership Team Support: <input type="checkbox"/> Assist team leader in building meeting agenda/processes <input type="checkbox"/> Attend Meetings <input type="checkbox"/> Product Development and Review <input type="checkbox"/> Assist with locating resources <input type="checkbox"/> Assist with Professional Development/Coaching <input type="checkbox"/> Other Practitioner Coach Support: <input type="checkbox"/> Observe teacher with practitioner coach <input type="checkbox"/> Debrief with practitioner coach <input type="checkbox"/> Assist with coaches' professional development <input type="checkbox"/> Other Data Decision-Making <input type="checkbox"/> Support data coordinator <input type="checkbox"/> Support leadership team in using data <input type="checkbox"/> Other
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<http://ectacenter.org/sig>