

BPS Early Childhood Collaborative Coaching Log

Teacher: _____ Coach: _____

Others (include job title) in attendance: _____

School: _____ Date: _____ Time: _____ To _____

Delivery of Coaching Session: Please indicate all coaching strategies applied and the time spent on each strategy.

Passive Observation (observation only)	time spent _____	1-on-1 Discussion with Teacher	time spent _____
Active Observation (incl. participation)	time spent _____	Modeling	time spent _____
Formal Training/PD Session	time spent _____	PD Follow-Up	time spent _____
Group Meeting with Teachers/Principal	time spent _____	Other _____	time spent _____

Check In/Follow Up:	Visit Notes:
Teacher Next Steps:	Coach Next Steps:

Next Meeting Date: _____ **Focus:** _____

<i>Please indicate the time spent on the four topics, regardless of coaching strategy employed.</i>		
1. Relationships and Classroom Climate time spent _____	2. Curriculum & Instruction OWL time spent _____	4. Observation, Documentation, and Assessment time spent _____
<i>Please check the specific aspects discussed (check all applicable)</i> <input type="checkbox"/> Classroom Environment (Physical) <input type="checkbox"/> Schedule, Routines, and Transitions <input type="checkbox"/> Classroom Management <input type="checkbox"/> Working with Individual Child(ren) <input type="checkbox"/> Positive Guidance <input type="checkbox"/> Interactions/Conversations with Children <input type="checkbox"/> Working with Families <input type="checkbox"/> Culturally Responsive Practice <input type="checkbox"/> Working with Paraprofessional <input type="checkbox"/> Other: _____	<i>Please check the specific aspects discussed (check all applicable)</i> <input type="checkbox"/> OWL Centers <input type="checkbox"/> OWL Story time <input type="checkbox"/> OWL Small Groups <input type="checkbox"/> OWL LTAI <input type="checkbox"/> OWL LFAOI <input type="checkbox"/> OWL differentiated instruction <input type="checkbox"/> OWL Other: _____ <input type="checkbox"/> BB Whole Group <input type="checkbox"/> BB Small Groups <input type="checkbox"/> BB Work Time <input type="checkbox"/> BB Other: _____	<i>Please check the specific aspects discussed (check all applicable)</i> <input type="checkbox"/> Looking at Student Work <input type="checkbox"/> PALS Assessment <input type="checkbox"/> Work Sampling System/Other Documentation <input type="checkbox"/> Progress Reporting <input type="checkbox"/> Portfolios <input type="checkbox"/> BB small group record sheet <input type="checkbox"/> Other: _____