

Coaching Feedback Form for Teacher

Teacher and Session Details

Teacher's Name: _____

Date of Coaching Session: _____

Subject/Topic Covered: _____

Session Duration: _____

Class/Grade Level: _____

Session Effectiveness

Evaluation Criteria	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The teacher explained concepts clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The session was well-organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The teacher encouraged student participation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The feedback provided was constructive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The session helped improve my understanding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The teacher maintained an engaging learning environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The pace of the session was appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend this coaching session to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Feedback

What was the most useful part of the session?

What could be improved?

Student/Participant Information

Full Name: _____

Signature: _____

Date: _____