

DOC Leadership Coaching Plan

Team Member Name		Manager Name	
Job Title		Start Date/Finish Date	
Location		Agreed Frequency of 1-hour Sessions	

Leadership Goals	
Goal and Description	Metric(s) <i>(qualitative and quantitative as appropriate)</i>

Goal	Worked On	Homework

What does success look like?
Potential obstacles?
Plan to avoid or overcome obstacles:

Why is this leadership coaching important to you?	
Team Member	Manager

RESULTS SURVEY

On a scale of 1-5, how would you rank the following questions?		
1 – not at all 2 – not very 3 – 50/50 4 – mostly 5 – very much		
Question	Team Member	Manager
In your opinion, how effective, short-term, was this coaching?		
In your opinion, how sustainable, long-term, will this coaching be?		
In your opinion, how impactful was this coaching to you?		
In your opinion, how impactful was this coaching to the organization?		
Additional Feedback <i>(written response)</i>		