

Learning Coach Evaluation Form

Completion of this form is much appreciated and will aid the Learning Coaches in improving his or her approach. You can remain anonymous if you wish by omitting the date, your name and email.

Learning Coach Name: _____

Today's Date: _____

Your Name (Optional): _____

Email Address (Optional): _____

Estimate Number of: **Face-to-face meetings:** _____ **Emails:** _____ **Phone calls:** _____

Please rate your Learning Coach on the following items. **5 = Strongly Agree, 4 = Agree, 3 = Neutral, 2 = Disagree and 1 = Strongly Disagree. Circle one.**

1. Overall, my Learning Coach met my expectations.

1 2 3 4 5

2. My learning coach was courteous at all times.

1 2 3 4 5

3. My learning coach helped identify my goals, challenges, and/or opportunities.

1 2 3 4 5

4. My learning coach helped me with what I needed to do to meet my goals.

1 2 3 4 5

5. I came away with a clear idea of what I needed to do to meet my goals.

1 2 3 4 5

6. My learning coach helped with motivating me into action.

1 2 3 4 5

7. Would you recommend this learning coach to your friends and acquaintances?

1 2 3 4 5

Please write any other comments you may have in the box below.

Thank you for taking the time to complete this evaluation! We will use the information gathered to better serve you.