

COACHING CONTRACT

This CONTRACT is between

Morgan County Partnership for Children and Families , 411 Main Street, Suite 100 | Fort Morgan, CO 80701 **(Council)** *and*

_____ **(Provider/Coachee)**

License Number _____

Address _____

_____ *and*

_____ **(Coach)** *and*

Morgan County Family Center, 411 Main Street, Suite 100 | Fort Morgan, CO 80701
(Fiscal Agent)

for COACHING described below for the period of

_____ through _____

and is contingent upon available funding.

The effective date of this contract is _____.

Colorado Shines Coaching Model Definition

Colorado Shines offers a coaching model that supports all five quality standards. Coaching includes intensive support offered by subject matter experts to enhance particular aspects of quality. This support can occur in person or remotely, for example via phone, email, or video conference. This model incorporates practice based coaching which focuses on planning and goal setting, focused observation, reflection and sharing teaching practices.

Coaches are required to hold a coaching credential to coach within this framework. Coaching includes both direct coaching and indirect coaching activities (preparing, following up, logging coaching, travel, video/remote contact).

Coaches will work with **Provider/Coachee** to prioritize resources supporting goals in the Quality Improvement Plan.

Coaches Responsibilities:

I commit to:

- Maintain your confidentiality. *Both parties recognize that certain information of a confidential manner may be relayed during consulting sessions. The Quality Improvement **Coach(es)** will not, at any time either directly or indirectly, use this information to benefit the Quality Improvement **Coach(es)** nor disclose said information to anyone outside of their **agency/council** without specific approval of the **care provider/coachee**. This excludes disclosure of child abuse, illegal, and unethical activities.*
- Observe you during your different daily routines.
- Watch, listen, and learn from you about your educational beliefs, values and perspectives .
- Focus on your strengths, your emerging skills, and your individual professional goals for growth.
- Use a variety of tools to assess your strengths.
- Offer guidance and support in a variety of ways.
- Understanding your unique learning style, so that I can adapt my coaching to your individual needs.
- Support you in creating your professional development plans in areas that you prioritize for your growth.
- Follow through on my commitments including being on time on the agreed upon date.
- Be organized and prepared for our monthly teacher-coach meetings to review progress and revise goals.
- Be approachable and trustworthy.

I commit to being respectful, non-judgmental, and supportive in all our coaching interactions in order to contribute to a positive collaborative relationship.

Provider/Coachee's Responsibilities:

I commit to:

- Build positive relationships with my children, families, peers and coaches.
- Design supportive environments that will encourage children's positive behavior and learning.
- Learn to implement the variety of knowledge, skills and abilities we discuss.
- Recognize my commitment to coaching, and follow through on agreed upon action steps.
- Collaborate as a team with every adult who is influential in the child's life.
- Provide the coach with data when requested.
- Take charge of prioritizing my own goals.
- Work to successfully implement changes in my teaching practices .
- Be organized and prepared for our monthly teacher-coach meetings.
- Be approachable and trustworthy.

I commit to being open to suggestions, ready to ask for what I need, and willing to change my teaching practices when skills have been identified in order to contribute to a positive collaborative relationship.

Provider's Contact Information *Check the box for your PREFERRED method of communication.*

Phone: _____

Email: _____

Other: _____

Unforeseeables (Illness, Weather, Etc.)

The **coachee/coach** will notify the other person if they are unable to attend a coaching session due to illness/weather/or other emergencies. The **coach** and **coachee** will determine the preferred method of contact for each.

Content of Coaching Determined by Coachee

The content of the coaching sessions will be determined by the **coachee**. The **coach** and **coachee** will engage in an initial planning conference (attached), where the **coachee** will identify new skills or knowledge they would like to learn, as well as personal and professional goals.

Course and Duration of the Coaching Relationship

- ◆ The best days and times for coaching visits:

- ◆ Other coaching initiatives that you are currently involved in:

- ◆ Coaching will be provided for _____ sessions. Sessions will be _____ minutes/hours in length (Please talk with your **Coach** if you would like to discuss additional sessions.)

- ◆ Coaching will be billed at a rate of \$ _____ / hour. There is approximately _____ total hours budgeted for coaching.

- ◆ Invoices will be submitted from the **Coach** to the Morgan County Family Center (**fiscal agent**) using the attached invoice.
- ◆ The coaching process is most effective when caregivers have the opportunity to meet and talk individually with their **Coach** after the **coach** observes the provide. The best times for these conversations will be:

Additional Notes:

Provider/Coachee

Date

Coach

Date

Center Director (if applicable)

Date

Morgan County Family Center Director

Date