



This CONTRACT is between

Morgan County Partnership for Children and Families , 201 Ensign Street | Fort Morgan, CO 80701 (Council) and

\_\_\_\_\_ (Provider/Coachee)

License Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ and

\_\_\_\_\_ (Coach)

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: 1. Workforce & Professional Development 2. Family Partnerships 3. Leadership, Management & Admin 4. Learning Environments 5. Child Health 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.
- Meet, discuss and collaborate with you on usefull ways improve program quality with QI materials purchases, prior to submission.
- Follow through on my commitments including being on time on the agreed upon date.
- Be organized and prepared for our 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.
- Meet, discuss and collaborate with you on usefull ways improve program quality with QI materials purchases, prior to submission.
- Be organized and prepared for our 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.*

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

- Phone:(provider)\_\_\_\_\_ (coach)\_\_\_\_\_
- Email:(provider)\_\_\_\_\_ (coach)\_\_\_\_\_
- Text:(provider)\_\_\_\_\_ (coach)\_\_\_\_\_

**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.

\_\_\_\_\_  
Provider/Coachee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Coach

\_\_\_\_\_  
Date

\_\_\_\_\_  
Center Director (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
MCPCF Executive Director

\_\_\_\_\_  
Date