



Atlantic-Gulf Region 9

## EVALUATION OF FACULTY COACHING

Chorus/Quartet name: \_\_\_\_\_

Faculty member: \_\_\_\_\_

Date of visit: \_\_\_\_\_ Hours used: \_\_\_\_\_

What were the three goals established for your session?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

If a goal was not achieved, why?

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

Did the faculty member:

Yes No

Discuss your areas of concern/need with you in advance		
Arrive on time		
Show poise and confidence		
Dress appropriately		
Use easily understood language and concepts		
Answer all questions		
Demonstrate flexibility		

Would you want this faculty member to coach your chorus/quartet again, and if not, why? [ ] Yes [ ] No

Comments/suggestions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_