

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13): Public reporting burden for this collection of information is estimated to average approximately 7 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Coaching Companion Questionnaire OMB #: 0970-0401, Exp. Date: 05/31/2021

The Coaching Companion is a video sharing and coaching feedback app. Teachers, family child care providers, home visitors, education managers, coaches, and others can share video files, ask questions, exchange feedback, and develop individualized coaching plans that support quality teaching and positive outcomes for young children.

The Coaching Companion is designed to support three components of the Practice-Based Coaching (PBC) model: Shared Goals and Action Planning, Focused Observation, and Reflection and Feedback. It also promotes the overall use of effective teaching practices.

Your responses to this questionnaire will help us better understand coaching within your program or organization. After we receive your completed questionnaire, a member of our team may contact you to discuss how the Coaching Companion can best support your coaching needs and plans.

Thank you for your interest in the Coaching Companion!

Items marked with an asterisk (*) are required.

Please tell us about:

Yourself

First and Last Name*

Email Address*

Job Title*

Your Program

Name of Program*

Name of Grantee

If representing a Head Start program, including Early Head Start and Migrant and Seasonal Head Start

State or Territory*

[\[Drop-down listing states and territories\]](#)

Region

For all Head Start programs

[\[Drop-down listing 12 regions\]](#)

Setting

Urban

Rural

Tribal Community

Coaching in Your Program

Do teachers, family child care providers, or home visitors already receive coaching?*

[\[Drop-down for Yes or No\]](#)

Who provides, or will provide, coaching in your program?

In-house staff

Consultant

Peer

Other

No coaching

Please briefly describe your coaching model.

*

Have you or your program's staff used the 15-minute in-service suites located on the Early Childhood Learning and Knowledge Center (ECLKC)?*

<https://eclkc.ohs.acf.hhs.gov/professional-development/article/15-minute-service-suites>

[\[Drop-down for Yes or No\]](#)

If so, please describe how you have used them.

Have you or your program's staff attended any PBC workshops or events?*

[\[Drop-down for Yes or No\]](#)

If so, please list the event(s).

How many teachers, family child care providers, or home visitors will be using the Coaching Companion?*

How many coaches will use the Coaching Companion?*

What content areas or teaching practices will coaching be focused upon?*



Available Technology within Your Program

Do teachers, family child care providers, and home visitors in your program have access to a computer with high-speed Internet?*

[\[Drop-down for Yes or No\]](#)

Can teachers, family child care providers, and home visitors view streaming video on your program's computers?*

[\[Drop-down for Yes or No\]](#)

Do coaches, teachers, family child care providers, and home visitors in your program have access to a digital video camera to record classroom or home visit interactions so they can upload videos to the Coaching Companion?*

[\[Drop-down for Yes or No\]](#)

3. Has your organization been granted access to a Coaching Companion account before?*

[\[Drop-down for Yes, No, or I don't know\]](#)

Organization Administrator Name*

If your organization is granted access to Coaching Companion, the administrator will create users on the organization account. The administrator can transfer the role to another user if necessary.

Organization Administrator Email Address*

Additional Comments



Send me a copy of my responses

[\[Submit Button\]](#)