

# RLR Coaching Log

TO BE COMPLETED BY SITE-BASED COACHES IN HIGH INTENSITY SITES

Date \_\_\_\_\_

Site \_\_\_\_\_

Coach Initials \_\_\_\_\_ [Drop down list]

Teacher Initials \_\_\_\_\_ [Drop down list]

This coaching log will help us learn about your experience providing support to your assigned teacher(s) and your teacher’s experience with the RLR intervention. Please complete one log after each coaching session with each teacher. Please submit to Child Trends the **first week of each month** during which coaching is provided.

**PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN:** The purpose of this information collection is to identify teacher practices for supporting children’s social-emotional development and to identify training and implementation factors that may enhance these practices. Public reporting burden for this collection of information is estimated to average 15 minutes per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. Additionally, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB number for this information collection is OMB Control #: XXXX-XXXX and it expires on [DATE]. If you have any comments on this collection of information, please contact [NAME AND CONTACT INFORMATION].

1. Was a Lurie consultant present during this coaching session? N Y
  
2. Duration of the Meeting (Drop-down menu in minutes in 15 min increments 15m-1 hour)
  
3. Meeting Format: \_\_\_ In-person      \_\_\_ Virtual (video)      \_\_\_ Phone
  
4. Did you observe the classroom to inform your specific suggestions and feedback at this session?  
N Y
  - a. If yes, how long did you observe? (Drop down menu in 15 min increments 15m-1 hour)  
\_\_\_\_\_
  
5. Did you utilize any other data to inform your coaching? N Y
  - a. If Y, what was the data? [Text box]

6. Did you do the following (N/Y):
- Check in on teacher's needs: what they needed coaching support with
  - Establish a shared goal with your teacher for the current module?
    - If Y, briefly describe [Text box]
  - Discuss a goal that was previously established with the teacher
  - Picked one or more strategies from the toolkit to focus on
  - Use information in the toolkit to explain to teachers how the strategies suggested are trauma-informed
7. Which toolkit module did you focus on in your meeting? [Drop down box or button]
- Module I: Creating a Safe Environment
  - Module II: Developing Healthy Relationships and Connectedness
  - Module III: Supporting and Teaching Emotion Regulation
  - Module IV: Provider Self-care
  - None of these; we focused on other things: [*Describe briefly in text box*]

**[Branching for each Module to checklist of specific strategies suggested]:**

[*If Module I is selected*]

- Which strategies did you focus on in your meeting? (Check all that apply)
  - Setting up the Calm Corner
  - Taking a Break: How to Use the Calm Corner
  - Personal Space Bubbles Tip Sheet for Educators
  - Sensory Sensitive Environment
  - Avoiding Power Struggles
  - Setting Limits for Effective Behavior Management (Safety)
  - How to Handle Transitions

[*If Module II is selected*]

- Which strategies did you focus on in your meeting? (Check all that apply)
  - Reflective Listening Skills
  - Understanding Feelings and Relationships
  - Making Friends: Sharing
  - Implicit Bias
  - Labeled Praise
  - Active Ignoring and Differential Attention
  - Restorative Practices
  - Motivate and Celebrate!
  - Additional Activities and Strategies to Build Relationships

[*If Module III is selected*]

- Which strategies did you focus on in your meeting? (Check all that apply)
  - Feelings Activities and Feelings Identifications
  - Understanding Feelings: Anger, Sad, Calm
  - Muscle Relaxation
  - Deep Breathing
  - Positive Imagery: Happy Box and My Relaxing Place

- Making Stress Balls
- De-Escalation Strategies
- Managing Frustration and Teaching Patience
- Feelings Coloring Sheets

*[If Module IV is selected]*

- Which strategies did you focus on in your meeting? (Check all that apply)
  - Self-Care for Early Childhood Educators
  - Multi-Dimensional Wellness Model
  - Self-Care: Wellness Model Reflection
  - Daily Self-Care Plan
  - Additional Self-Care Strategies
  - Self-Care and Mindfulness Sensory Exercises
  - What's My Temperature? Self-Care Activity
  - Self-Care Check-In
  - Self-Care Garden Reflection Activity

8. Please rate the quality of the teacher’s skill in using the following strategies based on all the available information you have at this time. Indicate n/a if the teacher has not received training on the strategies yet.

	Not at all Skilled 1	2	3	Somewhat Skilled 4	5	6	Highly skilled 7	Not applicable
<b>Module I: Creating a Safe Environment</b>								
Setting up and using a calm corner	1	2	3	4	5	6	7	X
Using positive redirection	1	2	3	4	5	6	7	X
Supporting students with transitions	1	2	3	4	5	6	7	X
Establishing and maintaining routines	1	2	3	4	5	6	7	X
Using clear rules and expectations	1	2	3	4	5	6	7	X
<b>Module II: Building Relationships and Connectedness</b>								
Using reflective listening	1	2	3	4	5	6	7	X
Using specific labeled praise	1	2	3	4	5	6	7	X
Actively ignoring minor classroom behaviors that don't meet classroom expectations	1	2	3	4	5	6	7	X
Using restorative practices	1	2	3	4	5	6	7	X
<b>Module III: Supporting and Teaching Emotion Regulation</b>								
Teaching students about feelings	1	2	3	4	5	6	7	X
Help students identify feelings they are	1	2	3	4	5	6	7	X

having									
Teaching relaxation tools and strategies	1	2	3	4	5	6	7	X	
Effective use of de-escalation strategies	1	2	3	4	5	6	7	X	
Helping students manage frustration	1	2	3	4	5	6	7	X	
<b>Module IV: Provider Self-Care</b>									
Practicing self-care strategies	1	2	3	4	5	6	7	X	
Use of a daily self-care plan	1	2	3	4	5	6	7	X	
Being aware of their stress	1	2	3	4	5	6	7	X	

9. How would you rate the teacher's stress level at this time?

Not at all Stressed 1	2	3	Somewhat Stressed 4	5	6	Highly Stressed 7

10. How much support does this teacher have in implementing the RLR strategies?

No Support 1	2	3	Moderate Support 4	5	6	Highest Possible Support 7

11. What challenges (if any) is this teacher experiencing in implementing RLR strategies? [Text box]

12. What additional supports would be helpful to this teacher in implementing RLR strategies? [Text box]