Form EI-19 Evidence-Based Practice Coaching Agreement

(instructions for this form are available on the El website)



	Help Me Glow Early Intervention	
Coach Name:	Coach DS Certification Number:	
Coach E-Mail:	Coach Phone:	
Name and Contact of Coach's Supervisor:		
Developmental Specialist Name:		
DS E-Mail:	DS Phone:	
Name and Contact of DS's Supervisor:		
Coaching Start Date:	Anticipated End Date:	
The new DS must have a qualified coach, as defir employment. This completed agreement will ser	ned in OAC 5123:10-05 within the first six months of we as verification of the coaching relationship and will ration for renewal or for the initial five-year certificate.	
 Part 1: Roles and Responsibilities The role of the coach in this relationship will be t foster professional growth and reflection, provide ongoing support, provide information, resources and suggered and provide effective and constructive fee Additional roles and responsibilities, as needed:	stions about evidence-based practices,	

The role of the DS in this relationship will be to:

- reflect upon supports provided by the coach and use coaching opportunities to increase professional confidence and competence,
- · seek clarity related to evidence-based practices,
- and expand professional networks and resources.

Additional roles and responsibilities, as needed:

The goals of coaching include supporting the new developmental specialist to:

- strengthen skills needed to reflect on one's own practices,
- support the strengths and needs of the families served,
- and know how to seek professional supports when they are needed.

Include any identified additional needs or hopes/goals for the coaching relationship, as needed:

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Part 2: Practical Expectations

Below are initial expectations for our coaching relationship. If substantial changes occur over time, changes are noted in the "amendments" section (part 5).

Contact (telephone, email, or in person) is recommended at least weekly initially and coaching moves forward. Please determine how you will communicate during coac	,
We will plan to be in contact	(frequency).
We will plan for "face-to-face" contact (in-person or video chat)	(frequency).
f need for coaching outside of planned contacts arises (describe plans for handling contacts):	un-planned
The best mode(s) of communication for us:	
For coaching sessions (e.g., face-to-face, video chat, etc.):	
For fielding questions/resource requests (e.g., face-to-face, e-mail, etc.):	
For scheduling and unplanned contacts (e.g., e-mail, text message, etc.):	
Part 3: Navigating Challenges f either party is concerned that the other is having difficulty adhering to this agreer steps will be followed. If the DS has difficulties:	ment, the following
If first actions are not successful, follow up actions will include:	
f the DS is unable to adhere to this agreement despite the efforts above, the coach to report that the DS did not fulfill the coaching requirement to the supervisor of the nforming the supervisor, the coach will let the DS know in advance of this intention	ne DS. Prior to
If the coach has difficulties:	
If first actions are not successful, follow up actions will include:	
f the coach is unable to adhere to this agreement despite the efforts above, the DS	may reach out to

their supervisor to request a change of coach and the employing entity will seek a different coach. If the DS and supervisor are unable to find a second coach, contact the El Program Consultant assigned to their county for assistance. Prior to seeking a new coach, the DS will let the current coach know of the intent to make this request.

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Part 4: Signatures

The coach and DS have jointly completed this agreement, and will adhere to the activities and expectations described above. Any amendments to this agreement will be noted in writing on the following section.

Coach Signature:		Date:
DS Signature:		Date:
<u>Part 5: Amendments</u> Describe any changes or updates made t Amendment 1	to this coaching agreement du	ring the period of coaching:
Initials of Coach:	Initials of DS:	Date:
Amendment 2		
Initials of Coach:	Initials of DS:	Date:
Amendment 3		
Initials of Coach:	Initials of DS:	Date:
Part 6: Attestation of Completion of Co	ntract	
Coaching start date:	Coaching end date:	
Name of DS's supervisor or employing a	gency representative:	
Signature of DS's supervisor or employing agency representative:		
Title of DS's Supervisor or employing agency representative:		Date:

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When it is not possible to provide all relevant information within the allotted space on the previous pages, type see "See attached" in that section and write the information for that specific section on this page. Be sure to include the coaching agreement section reference.

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