

## COACH FEEDBACK FORM – Accompaniment Coach Certification



NAME OF COACH: \_\_\_\_\_

DATE OF FORM COMPLETION: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

YOUR POSITION/ROLE: \_\_\_\_\_

YOUR ORGANIZATION: \_\_\_\_\_

I WAS COACHED ON:  CliftonStrengths – Top 5

CliftonStrengths – Full 34

1. What is the approximate percentage of time that your coach spoke during your coaching discussion?  
(please circle only one answer)      20%    30%    40%    50%
2. My coach helped me to better understand my God-given talents and how they can become Strengths.  
(please circle only one answer)      strongly agree    agree    neutral    disagree    strongly disagree
3. My coach helped me to see how I could leverage my Strengths to more effectively fulfill God's calling for my life.  
(please circle only one answer)      strongly agree    agree    neutral    disagree    strongly disagree
4. I left my coaching discussion feeling encouraged and affirmed.  
(please circle only one answer)      strongly agree    agree    neutral    disagree    strongly disagree
5. In what ways was your coach most effective?
6. In what ways could your coach have been more effective?

*Thank you for taking the time to share your feedback! Please email a scanned copy of this completed form to your coach and her/his Mentor Coach. NOTE: only one feedback form per client is required after all coaching sessions are completed.*