**Evidence Based Practice Coaching Log**

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| **Month/Year:** |

**Evidence Based Practice Coach Name:**

**Developmental Specialist being Coached:**

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| **Contact Date** | **Time In** | **Time Out** | **Description of Activities/Contact/Communication** | **Initials** |
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Initials of Evidence Based Practice Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total # of hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of EB Practice Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_