Form EI-19 Evidence-Based Practice Coaching Agreement

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



	,
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:	
The new DS must have a qualified coach, as define employment. This completed agreement will serve be submitted to DODD by the DS with the applicate The coach and DS named above are voluntarily enfulfill this coaching requirement.	Anticipated End Date:ed in OAC 5123:10-05 within the first six months of e as verification of the coaching relationship and will tion for renewal or for the initial five-year certificate. tering into this coaching agreement, which will
 Part 1: Roles and Responsibilities The role of the coach in this relationship will be to: foster professional growth and reflection, provide ongoing support, provide information, resources and suggest and provide effective and constructive feed Additional roles and responsibilities, as needed: 	ions 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.

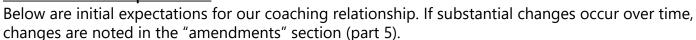
Include any identified additional needs or hopes/goals for the coaching relationship, as needed:

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BHIO Early Intervention

Contact (telephone, email, or in person) is recommended at least weekly initially and may d coaching moves forward. Please determine how you will communicate during coaching.	ecrease as
We will plan to be in contact(from the contact	equency).
We will plan for "face-to-face" contact (in-person or video chat)(free_to-face)	equency).
If need for coaching outside of planned contacts arises (describe plans for handling un-plan contacts):	nned
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.):	
<u>Part 3: Navigating Challenges</u> If either party is concerned that the other is having difficulty adhering to this agreement, th steps will be followed.	e following
If the DS has difficulties: If first actions are not successful, follow up actions will include:	
If the DS is unable to adhere to this agreement despite the efforts above, the coach may be to report that the DS did not fulfill the coaching requirement to the supervisor of the DS. Pr informing the supervisor, the coach will let the DS know in advance of this intention.	
If the coach has difficulties:	
If first actions are not successful, follow up actions will include:	

If 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 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	ontract	
Coaching start date:	Coaching end date:	
Name of DS's supervisor or employing a	agency 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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