# Feedback Session Reflection Form

# You should now have uploaded one FULL recording of a coaching session. Please identify the 20 minutes (minimum) to 30 minutes (maximum) that you would like the Lead Coach to review. This can be split into sections if you would prefer e.g. 5 minute section and two 10 minute sections.

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| **SECTION 1**  (To be completed and emailed to Lead Coach before supervision session. Not shared with the coaching manager) | |
| **Name:** |  |
| **Type of session**  *(i.e. Frontline Year 2, Pathway 1):* |  |
| **Session number**  *(i.e., 2nd session):* |  |
| **Date recorded:** |  |
| **Recording time stamp:**  *(What specific time(s) in the full recording do you want reviewed)* |  |
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| 1. **Which competency framework would you like the Lead Coach to use?**   *(Frontline Coaching Standards or coaching standards from another coaching body)* | |
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| 1. **What led you to choose these recording(s)?** | |
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| 1. **What was the goal of the coaching session? What time frame was it established at?** *(Give timestamp)* | |
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| 1. **What strengths do you think you demonstrated? How do they relate to the competency framework?** *(Give timestamps where relevant)* | |
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| 1. **What would you like the focus of the discussion during your session to be?**   *(Give timestamps where relevant)* | |
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| **Name:** | **Date of Feedback Session:** |
| **SECTION 2**  (Completed by the Lead Coach after the session and shared with the Coaching Team) | |
| **General Observations:** | |
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| **Strengths:** | |
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| **Areas for Reflection:** | |
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| **SECTION 3**  (Completed by you after session and emailed to Lead Coach then shared with the Coaching Team) |
| **Thoughts and reflections:** |
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| --- | --- |
| **Coach signature** |  |
| **Lead Coach signature** |  |
| **Date** |  |