# Feedback Session Reflection Form

# Please select 2 video clips (10-20 mins) you would like to discuss. They could be the same session or 2 different ones. Maybe include something you felt was successful and something you experienced as more problematic.

Please complete this information about the clips when you upload them to guide Lead Coach on what you would like to discuss.

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| **SECTION 1 for FIRST recording clip** | |
| **Recording time stamps:** |  |
| **What prompted you to choose this clip? If successful is 1 and problematic 10 where would you place this section of the session?** | |
|  | |
| **What was your objective in this part of the session?** | |
|  | |
| **What dilemma(s) did this piece of work pose for you?** | |
|  | |
| **Is there anything you would want to do differently in this clip?** | |
|  | |

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| **SECTION 1 for SECOND recording clip** | |
| **Recording time stamps:** |  |
| **What prompted you to choose this clip? If successful is 1 and problematic 10 where would you place this section of the session?** | |
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| **What was your objective in this part of the session?** | |
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| **What dilemma(s) did this piece of work pose for you?** | |
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| **Is there anything you would want to do differently in this clip?** | |
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| **SECTION 2**  (completed by the Lead LDA after the session and shared with the Frontline team) |
| **Comments and actions:** |
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| **Coach signature** |  |
| **Lead LDA signature** |  |
| **Date** |  |