|  |  |
| --- | --- |
| Name: | Date: |
| How have the sessions moved you forward (please specify any actual outcomes achieved)? |
|  |
| What have been your key insights as a result of the session(s)? |
|  |
| As feedback to your coach – what have been the most useful aspects of the session(s)? |
|  |
| As feedback to your coach – how could these sessions be improved? |
|  |

Coachee Evaluation: