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| --- | --- |
| 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: