



Closing Guide

1. School: _____
2. Coach Name: _____
3. Cycle: _____

Peer Coaches - Check the box next to each indicator to show completion of the specified task (Yes/No). Mentor Coaches - Place a check in the Fidelity column to show whether you agree with the peer coach's self-assessment.

Debrief Indicators	Yes	No	Mentor Coach Fidelity
1. The coach facilitated reflection on the steps in the Action Plan for the cycle.	<input type="checkbox"/>	<input type="checkbox"/>	
2. The coach and teacher discussed the child's progress regarding his/her use of AT during the cycle and reflected on next steps.	<input type="checkbox"/>	<input type="checkbox"/>	
3. The coach facilitated reflection on the next child's strengths and challenges using the ATIP.	<input type="checkbox"/>	<input type="checkbox"/>	
4. The coach facilitated reflection about the teacher's growth over the project using the TSNA and the Teacher Adherence form(s).	<input type="checkbox"/>	<input type="checkbox"/>	
5. The coach used graphic feedback to help the teacher reflect on the experience of using the AT practices throughout the project, highlighting the accomplishments.	<input type="checkbox"/>	<input type="checkbox"/>	
6. The coach used graphic feedback to help the teacher reflect on the progress of the children with ATIPs throughout the project.	<input type="checkbox"/>	<input type="checkbox"/>	
7. The coach and teacher discussed strategies to support the teachers' continued use of AT practices in the classroom.	<input type="checkbox"/>	<input type="checkbox"/>	
8. The coach asked if the teacher had questions/concerns about the teaching practices or the project in general.	<input type="checkbox"/>	<input type="checkbox"/>	
9. The coach reminded the teacher about upcoming focus groups and surveys to close out the project.	<input type="checkbox"/>	<input type="checkbox"/>	
10. The coach reminded the teacher to read follow-up email/Action Summary Form.	<input type="checkbox"/>	<input type="checkbox"/>	

Enhancement Strategy:

1. Enhancement Strategy Used: (Check as many as apply)

- | | |
|--|--|
| <input type="checkbox"/> Modeling | <input type="checkbox"/> Project-Developed Video |
| <input type="checkbox"/> Side-by-Side | <input type="checkbox"/> Role Play |
| <input type="checkbox"/> Environmental Arrangement | <input type="checkbox"/> Other (Specify in Comments) |
| <input type="checkbox"/> Problem-Solving | <input type="checkbox"/> N/A |

Comments

Follow-Up Correspondence:

Follow-Up Correspondence: _____

Date: _____

Mentor Coach Name: _____