



COACHING / COUNSELING FORM

TO: SUPERVISOR / MANAGER & EMPLOYEE	<p>THIS FORM HAS BEEN DESIGNED TO RECORD THE THOUGHTS AND ITEMS THAT NEED TO BE DISCUSSED IN THE COACHING SESSION SO THAT THE CONVERSATION IS PRODUCTIVE AND EFFICIENT AND ALL POINTS ARE COVERED SUFFICIENTLY.</p> <p>THE INFORMATION DISCUSSED BETWEEN THE EMPLOYEE AND SUPERVISOR OR MANAGER SHOULD REMAIN CONFIDENTIAL AND BE SHARED ONLY WITH THOSE WHO HAVE A LEGITIMATE NEED TO KNOW, WHICH INCLUDES HR & YOUR MANAGER/VP IF APPROPRIATE.</p>
SUPERVISOR/MANAGER NAME	
TITLE	
CLIENT	
COACHING VIA	<input type="checkbox"/> IN PERSON <input type="checkbox"/> TELEPHONE
SUPERVISOR/MANAGER SIGNATURE	
TODAY'S DATE	

RE: EMPLOYEE	
EMPLOYEE NAME	
ASSIGNMENT/POSITION/TITLE	
CLIENT	

FACTS ABOUT ISSUES OR BEHAVIORS BEING DISCUSSED	FOR EACH CONCERN TO BE DISCUSSED, DOCUMENT THE FACTS THAT OCCURRED INCLUDING AS MANY DETAILS AS POSSIBLE. USE ADDITIONAL PAGES IF NECESSARY.
SUMMARY OF ISSUES OR BEHAVIOR TO BE DISCUSSED	
OBJECTIVES TO ACCOMPLISH DURING THE DISCUSSION	
DATE(S) THE ISSUES OR BEHAVIORS TOOK PLACE	
HISTORY OF PREVIOUS DISCUSSIONS ABOUT THESE ISSUES	
LIST WITNESSES OR OTHERS INVOLVED IN THE CONCERNS BEING DISCUSSED	

SOLVING THE PROBLEM	LIST FACTS, INFORMATION NEEDED, CONCERNS, POSSIBLE CAUSES OR REASONS FOR THE SITUATION, ALTERNATIVES, CONSTRAINTS, AND AVAILABLE RESOURCES.
LIST FACTS, INFORMATION NEEDED FROM EMPLOYEE, CONCERNS, POSSIBLE CAUSES OR REASONS FOR THE SITUATION	
LIST ALTERNATIVES, CONSTRAINTS, AND AVAILABLE RESOURCES TO HELP WITH THE ISSUES GOING FORWARD	
FUTURE EXPECTATIONS / SPECIFIC ACTIONS TO BE TAKEN	
CONSEQUENCES TO EMPLOYEE IF ISSUES/BEHAVIOR CONTINUES	
FOLLOW UP—ESTABLISH A DATE, TIME, PLACE TO FOLLOW UP WITH THE EMPLOYEE, SCHEDULE THE MEETING, AND FOLLOW THROUGH.	
WERE THERE ANY WITNESSES OR OTHERS INVOLVED WITH THE CONCERNS/BEHAVIORS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF SO, WHO?	
IS THERE ANYTHING ELSE THAT YOU WOULD LIKE THE COMPANY TO KNOW THAT YOU FEEL IS RELEVANT TO THE CONCERNS OR BEHAVIORS DISCUSSED TODAY?	<input type="checkbox"/> YES <input type="checkbox"/> NO

NOTES FROM THE CONVERSATION	
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SUPERVISOR / MANAGER	I SPOKE WITH MY EMPLOYEE ABOUT THESE ISSUES.
I WISH TO MAKE AN ADDITIONAL STATEMENT OR COMMENTS BELOW	<input type="checkbox"/> YES <input type="checkbox"/> NO
MY COMMENTS	
SUPERVISOR/MANAGER (PRINT NAME)	
SUPERVISOR/MANAGER SIGNATURE	
WITNESS (IF NECESSARY) (PRINT NAME)	
WITNESS SIGNATURE	
TODAY'S DATE	

EMPLOYEE	I SPOKE WITH MY SUPERVISOR OR MANAGER ABOUT THESE ISSUES.
I WISH TO MAKE AN ADDITIONAL STATEMENT OR COMMENTS BELOW	<input type="checkbox"/> YES <input type="checkbox"/> NO
MY COMMENTS	
EMPLOYEE NAME (PRINT NAME)	
EMPLOYEE SIGNATURE	
TODAY'S DATE	

FAX TO HUMAN CAPITAL: (248) 204-0722