



# COACH SUPPORT VISIT FORM



## STEP 1: CSV INFORMATION

SITE	VENUE
COUNTRY	EVALUATOR NAME
COACH FIRST NAME	COACH SURNAME

## STEP 2: PRACTICE INFORMATION

IMPLEMENTING ORGANIZATION	CURRICULUM
DATE OF CSV DD/MM/YYYY	PRACTICE NUMBER



## STEP 3: THE BIG FIVE

For each of the Big 5 components, check one box to evaluate the Coach's performance.

	NEEDS IMPROVEMENT	MEETS EXPECTATIONS	EXCELLENT
1   Shares accurate information about HIV/AIDS, sexual and reproductive health and rights, gender-based violence and services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2   Creates safe space.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3   Builds personal connections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4   Gives powerful praise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5   Sparks vital conversations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## STEP 4: COMMENTS

For each practice component, check the box if completed. Use the empty space to describe what the Coach did well and how the Coach can improve.

<input type="checkbox"/> Warm Up	<input type="checkbox"/> Strong Circle
<input type="checkbox"/> Activity	<input type="checkbox"/> High Energy Levels
<input type="checkbox"/> Cool Down	<input type="checkbox"/> Full Coach's Kit
<input type="checkbox"/> MicroMove	<input type="checkbox"/> Time Management
<input type="checkbox"/> Facilitation	<input type="checkbox"/> Practice Preparation

## STEP 5: RANK THE PRACTICE

Rank the overall practice between 1 and 10.

1 = lowest, 10 = highest

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## SIGNATURES

Evaluator: \_\_\_\_\_

Coach: \_\_\_\_\_