

# NCD COACH EVALUATION

Office of Congregational Transformation

P. O. Box 3767, Lakeland FL 33802

863 680 1912 (Fax)

Please submit your responses by typing on the form on line then downloading the form for submission by mail or fax.

To be completed by Pastor and Leader of the Church Health Team of the congregation to which the coach is assigned.

Complete an evaluation for each coach assigned.

Note: This evaluation will be reviewed and processed by the Office of Congregational Transformation (OCT). The Director of the OCT will initiate the appropriate action and feed back.

Coach	
Congregation	District
Date of Evaluation	

On a scale of 0 (poor) to 5 (excellent) evaluate your coach on the following:

**Relate** \_\_\_\_\_ (enter a number 0 to 5)

The coach established good communication and a relationship of trust.

**Reflect** \_\_\_\_\_ (enter a number 0 to 5)

The coach helped leaders and congregation gain perspective on and knowledge of the situation in which the coaching took place.

**Refocus** \_\_\_\_\_ (enter a number 0 to 5)

The coach helped leaders and congregation develop a strategic plan in response to the vision held by the congregation and the assessment of their current situation.

**Resource** \_\_\_\_\_ (enter a number 0 to 5)

The coach was helpful to leaders and congregation in finding the resources needed to accomplish the strategic plan.

**Review** \_\_\_\_\_ (enter a number 0 to 5)

The coach has helped our leaders, health team, and congregation assess what has been done and celebrate the accomplishments.

**Availability** \_\_\_\_\_ (enter a number 0 to 5)

The coach was reasonably available when called upon for help.

**Timeliness** \_\_\_\_\_ (enter a number 0 to 5)

The coach was prompt and consistent in keeping appointments.

**Passion for the work of transformation** \_\_\_\_\_ (enter a number 0 to 5)

Describe an instance or happening that supports this evaluation:

**Knowledge of the transformation process**  
Comments you would like to make:

\_\_\_\_\_ (enter a number 0 to 5)

**A brief summary of your interaction with the coach:**

Signed \_\_\_\_\_  
Pastor

Signed \_\_\_\_\_  
Chair, Church Health Team