

Appendix I COMPASS Coaching Impressions Scale

Child’s Name: _____ Date: _____

Coach’s Name: _____

Coaching Session (*circle one*): I II III IV

Teacher—Special Education

	Not very much					Very much
1. Welcoming and ready	1	2	3	4	5	
2. Organized	1	2	3	4	5	
3. Frustrated	1	2	3	4	5	
4. Positive about progress	1	2	3	4	5	
5. Defensive	1	2	3	4	5	
6. Positive about child	1	2	3	4	5	
7. Expression of stress/anxiety	1	2	3	4	5	

General Atmosphere at Coaching Session

	Not very much					Very much
8. Observation related to goals*	1	2	3	4	5	
9. The teacher read the report/coaching summary	1	2	3	4	5	
10. The teacher has followed through with recommendations**	1	2	3	4	5	

*This item refers to how well the skill that was demonstrated for rating represented the skill described on the Goal Attainment Scale Form.

**For item 10, if the teacher has implemented none of the components of the teaching plan, score “1”; if about 25% of the components were implemented, score “2”; if about 50% of components were implemented, score “3”; if about 75% of components were implemented, score “4”; if about 100% of components were implemented, score “5.”