

Employee Coaching and Counseling

COACH/COUNSELOR INFORMATION

Date of Incident: ____/____/____ Date of Coaching/Counseling Session: ____/____/____ Time: ____:____ AM/PM

Prepared By: _____ Position: _____

Employee Immediate Supervisor: ____ YES ____ NO If Not, Employee Immediate Supervisor: _____

EMPLOYEE INFORMATION

First Name: _____ Last Name: _____ Employee ID: _____

Work Location: _____ Position: _____

SUMMARY OF BEHAVIOR OR PERFORMANCE TO IMPROVE

ACTION STEPS FOR EMPLOYEE TO IMPROVE PERFORMANCE

FUTURE FOLLOW-UP

Evaluate for: _____

Evaluation date: ____/____/____

SIGNATURES

Employee Signature: _____ Date: ____/____/____ EMPLOYEE REFUSED TO SIGN

Supervisor Signature: _____ Date: ____/____/____