

Teacher Name: _____ Coach Name: _____

Stage 2 Log

STAGE 1 SUMMARY	
STAGE 1 AVERAGE FIDELITY SCORE:	STAGE 1 AVERAGE COLLABORATE EFFORT SCORE:
Stage 1 Notes:	

STAGE 2 SUPPORT LEVEL (COMPLETE ONE)		
<input type="checkbox"/> High skill	<input type="checkbox"/> Low skill + high will	<input type="checkbox"/> Low skill + low will
STAGE 2 ACTIVITIES	STAGE 2 ACTIVITIES	STAGE 2 ACTIVITIES
Select at least one activity: <input type="checkbox"/> PLC lead – Date(s): _____ <input type="checkbox"/> Video self-reflection – Date: _____	Select at least one activity: <input type="checkbox"/> Increased dosage Sequence 1 <input type="checkbox"/> Plan – Date: _____ <input type="checkbox"/> Support – Date: _____ <input type="checkbox"/> Model <input type="checkbox"/> Co-teach <input type="checkbox"/> Assist <input type="checkbox"/> Reflect – Date: _____ Sequence 2 <input type="checkbox"/> Plan – Date: _____ <input type="checkbox"/> Support – Date: _____ <input type="checkbox"/> Model <input type="checkbox"/> Co-teach <input type="checkbox"/> Assist <input type="checkbox"/> Reflect – Date: _____ <input type="checkbox"/> Stage 1 Plus 1 Standardized Protocol Support <input type="checkbox"/> Plan – Date: _____ <input type="checkbox"/> Support – Date: _____ <input type="checkbox"/> Model <input type="checkbox"/> Co-teach <input type="checkbox"/> Assist <input type="checkbox"/> Reflect – Date: _____ Additional Support Options <input type="checkbox"/> Peer observation – Date(s): _____ <input type="checkbox"/> PLC attendance – Date(s): _____ <input type="checkbox"/> Video reflection	Select at least one activity: <input type="checkbox"/> Peer observations – Date(s): _____ <input type="checkbox"/> PLC attendance – Date(s): _____ Professional Spotighting (Optional) <input type="checkbox"/> Public praise – Date: _____ <input type="checkbox"/> Mini-leadership opportunities – Date(s): _____

STAGE 2 CHECK-INS	
DATE AND ACTIVITIES	NOTES
<input type="checkbox"/> Check-In #1 – Date: _____ <input type="checkbox"/> Praise <input type="checkbox"/> Follow-up feedback <input type="checkbox"/> Help or support (e.g., resource) <input type="checkbox"/> Check-In #2 – Date: _____ <input type="checkbox"/> Praise <input type="checkbox"/> Follow-up feedback <input type="checkbox"/> Help or support (e.g., resource)	

WEEKLY COLLABORATIVE EFFORT RATINGS		
STAGE 2 WEEKS	RATING	NOTES
Week 1	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> N/A (explain)	
Week 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> N/A (explain)	
Week 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> N/A (explain)	
Week 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> N/A (explain)	
Week 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> N/A (explain)	
Week 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> N/A (explain)	

AVERAGE COLLABORATIVE EFFORT SCORE:	AVERAGE FIDELITY SCORE:
	DATE:
Notes:	