**PTR Coach Implementation Reflection Form**

Coach Name: Teacher/Student Name:

Date(s)

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| **Over the past week, the parts of the PTR process that I think I implemented well are:** |
| **Over the past week, the most difficult parts of the PTR process to implement were:** |
| **Overall, in the past week, the extent that I believe I implemented the PTR process as intended is *(circle one)*:** |
| 0Not at all | 1Minimally | 2Mostly | 3Fully |
| **Overall, in the past week, the extent that I believe the PTR process had a positive impact on teacher and/or student behavior is: *(circle one)*:** |
| 0No effect | 1Minimal effect | 2Some effect | 3Significant effect |