

Liceo de Cagayan University  
CU : \_\_\_\_\_

**OFFICE PERFORMANCE MONITORING  
AND COACHING JOURNAL**

Unit : \_\_\_\_\_

Unit Head : \_\_\_\_\_

Number of Employees : \_\_\_\_\_

	1 <sup>st</sup>	Quarter
	2 <sup>nd</sup>	
	3 <sup>rd</sup>	
	4 <sup>th</sup>	

Please check  
appropriate quarter

Activity	Mechanism/s				Remarks
	Meeting		Memo	Others (Pls. Specify)	
	One-in-One	Group			
Monitoring					
Coaching					

Note: Please indicate the date in the appropriate box when the monitoring was conducted

Conducted by:	Date:	Noted by:	Date:
Name and Signature of the Immediate Supervisor		Name and Signature of the Head of Office	

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**INDIVIDUAL PERFORMANCE MONITORING  
AND COACHING JOURNAL**

Date	
Name and Signature of Coach	
Name and Signature of individual Coachee	
Attendance (if Team Coaching)	

Coaching Agenda

Coaching Goal	
Reality or the Problem Situation/Issue	
Options/Opportunities	
Committed Action	
Who will do?	
Resources Needed (time, approvals, authorities, funds, etc.)	
Date that Coachee/Team commits to	

Note: Always start with sharing or follow-through of commitments from the previous coaching session. Please use extra forms if there is more than 1 agenda discussed.

Agree Next Meeting is on : \_\_\_\_\_

Key Points of what was shared

Process Observations of the Coach (Observable Behaviors of the Coachee/Team/Group being coached. General Disposition, Changes in Attitude since the last Coaching, Level of Copy with the Demands of Work.

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### STAFF DEVELOPMENT PLAN

Name of Employee : \_\_\_\_\_

Unit : \_\_\_\_\_

Period Covered : \_\_\_\_\_

Development Activity	Support Needed/Involvement of Others	Tracking Method/Completion Date		
		Planned/Expected Outcome	Accomplished	
			Mid Year	Year End
1.				
2.				
3.				
4.				

Employee Signature	Date	Supervisor's Signature	Date	Head of Office' Signature	Date
Copy for / / Employee / / Supervisor / / HRDO					