## ce Coach Certification Checklist

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| **Staff Name:** | **Agency:** |

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| **Optional Pre-Training** | | |
| **Item** | | **Supervisor Initials** |
| Attend 40-hour Mediation Training with the Center for Dialog & Resolution |  |  |

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| **REQUIRED Forms** | |
| Please attach signed forms:   1. Approved CE Coach Application 2. CE Coach Expectations |  |

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| **REQUIRED Observations** | | |
| **Item** | **Date** | **CE Coach Initials** |
| **Creative Conversation Training:** Observe at least one Creative Conversation Training with a Coach. | | |
| 1. Observe complete Creative Conversation Training |  |  |
| **One-on-One Coaching:** Observe at least three 1:1 Coaching Sessions with a Coach & staff in-training. | | |
| 1. Observe 1:1 Coaching Session |  |  |
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| **CE Collaborative Coaching:** Observe Coaching activity during at least one CE Collaborative meeting. | | |
| 1. Observe Coaching activity at CE Collaborative meeting |  |  |

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| **REQUIRED Skill Demonstrations** | | |
| **Item** | **Date** | **CE Coach Initials** |
| **One-on-One Coaching:** Conduct at least three 1:1 Coaching Sessions with staff while CE Coach observes. | | |
| 1. Conduct 1:1 Coaching Session |  |  |
| 1. Conduct 1:1 Coaching Session |  |  |
| 1. Conduct 1:1 Coaching Session |  |  |
| **CE Collaborative Coaching:** Conduct Coaching activity during at least two CE Collaborative meetings. | | |
| 1. Conduct Coaching activity at CE Collaborative meeting |  |  |
| 1. Conduct Coaching activity at CE Collaborative meeting |  |  |

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| **REQUIRED Training** | | |
| **Item** | **Date** | **CE Trainer Initials** |
| **Coaches Training:** Attend the annual CE Coaches Training with Center for Dialog & Resolution. | | |
| 1. Attend complete CE Coaches Training |  |  |

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| **Final Sign-Off** | |
| **I commit to using my training and expertise to the best of my ability to support staff-in-training to become qualified CE Specialists. I also commit to attending the CE Learning Collaborative regularly to support CE Specialists, to attend Coaches training annually and to support Creative Conversation Trainings and Workshops a minimum of once per year, for as long as I retain my Coach status.** | |
| **Staff Name:** |  |
| **Staff Signature & Date:** |  |
| **I certify that the above-named person has demonstrated the appropriate level of CE Coaching skill and ability and is therefore certified to be a CE Coach.** | |
| **Approved by (Coach name & agency):** |  |
| **Approval Signature & Date:** |  |

Please submit the signed and completed form to Pierce County at [annemarie.edmunds@piercecountywa.gov](mailto:annemarie.edmunds@piercecountywa.gov).