**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pod: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Examiner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Instructions to examiners:* Please mark appropriate check boxes with ‘X’ and use yellow highlight or circle for coding**. Please fax completed form to CTI: Certification at 415-472-1204 or email to oralexam@coactive.com

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Co-Active Coaching Competencies** | **Client/Examiner 1**  **\_\_\_\_\_\_\_\_\_\_\_** | **Client/Examiner 2**  **\_\_\_\_\_\_\_\_\_\_\_** | **Notes** | **Specific Notes/Feedback for unsuccessful exam:** |
| **People are Naturally Creative, Resourceful and Whole** | + +/- - | + +/- - |  |  |
| **Evoke Transformation** | + +/- - | + +/- - |  |  |
| **Focus on the Whole Person** | + +/- - | + +/- - |  |  |
| **Dance in this Moment** | + +/- - | + +/- - |  |  |
| **Curiosity** | + +/- - | + +/- - |  |  |
| **Intuition** | + +/- - | + +/- - |  |  |
| **Listening** | + +/- - | + +/- - |  |  |
| **Self-Management** | + +/- - | + +/- - |  |  |
| **Forward Action/Deepen Learning** | + +/- - | + +/- - |  |  |
| **Use of Principles** | + +/- - | + +/- - |  |  |
| **Designed Alliance/Empowered Relationship** | + +/- - | + +/- - |  |  |
| **BOTTOM LINE FOR EACH SESSION** | + +/- - | + +/- - | **This coach was an exemplary co-active coach and I recommend that s/he be considered for future faculty positions.** | |
| **RECOMMENDATION re: CPCC designation** | YES \* | NO \*\* | **Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

**\* YES, we recommend awarding the CPCC certificate.** In our professional assessment, this student successfully demonstrated the competencies of the Co-Active model.

**\*\*NO, we *do not* recommend CPCC designation at this time.** In our professional assessment, this student did not sufficiently demonstrate the competencies of the Co-Active model.

**I recommend that the recording(s) of this exam be saved and I agree to their use in examiner alignment and training.**

**If only one recording is to be saved, name of client/examiner on recording to be saved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**clear pass example**  **borderline example**  **clear fail example**