Walkthrough Coaching Feedback Tracker

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Coach Name: _____
Date: _____
School: _____

Teacher Name	Date/Time	Class/Grade	Focus Area(s)	Observation Notes	Strengths Observed	Areas for Growth	Next Steps/Action Plan	Follow-Up Date	Coach Signature

Instructions for Use:

- **Teacher Name:** Record the teacher observed.
- **Date/Time:** When the walkthrough occurred.
- **Class/Grade:** Specify the class or grade level.
- **Focus Area(s):** Instructional focus or observation lens (e.g., questioning, student engagement).
- **Observation Notes:** Objective, descriptive notes about classroom practices.
- **Strengths Observed:** Positive practices or behaviors noticed.
- **Areas for Growth:** Specific suggestions or areas to improve.
- **Next Steps/Action Plan:** Mutually agreed upon goals or strategies for coaching follow-up.
- **Follow-Up Date:** When the coach will next observe or meet with the teacher.
- **Coach Signature:** Coach's confirmation of the record.