Wellness Coach Performance Review

Name:

Date:

Phone Number:

**PROFESSIONAL DEVELOPMENT**

Coaching Skills: Refer to the updated Practical Skills Assessment (PSA) Rubric located in the CC360 Coaches Library under “CCI Mentor Coaching”

1. What do you see as 2 of your coaching strengths currently? Identify the Category/Topic under the Skills heading.
2. What areas of your coaching would you most like to improve? Identify the Category/Topic under the Skills heading.

Mentor Coaching Skills (if applicable)

1. What do you believe are your mentor coaching strengths?
2. What do you think challenges you as a mentor coach?

What can we do to strengthen your skills and confidence level both as a CC360 Coach and as a Mentor Coach? What ideas do you have for our **Huddles or Coach Consultation Hour**? Please be specific.

Continuing Education

Fill out the NBHWC Continuing Education form prior to the Performance Review Meeting. Please consider that the NBHWC requires 36 hours of professional continuing education every 3 years for renewal of the NBC-HWC (averaging about 12 CE hours per year).

1. What types of evidence-based information regarding coaching or health promotion that is **outside** of CC360/CCI have you tapped into this past year?
2. What topics are you most interested in for your professional development?

Professional Development Measurable Objective (PDMO)

Examples are: 1) Present to the coaching team on a coaching technique or wellness topic one time in 2024; 2) Complete a new certification of choice; or 3) Conduct a specific number of coaching sessions or mentor coaching sessions per month to achieve a goal for the year.

List the PDMO from the previous year. What are your thoughts?

Please state a desired PDMO for the upcoming year.

Documentation/CC360 website:

When considering the CC360 site and using the calendar and SOAP note functionality, what parts do you appreciate?

What could be helpful?

Non-coaching responsibilities:

1. Please list your involvement in the following areas if applicable:
	1. Marketing events
	2. Catalyst Coaching Institute
		1. Program Development
		2. Course instructor
		3. Mentor Coach
		4. Retreat Planning
		5. Retreat Participation

 Other

1. Based on your strengths, what additional activities would you like to participate in next year if we have a need?
	1. Retreat Development/Planning
	2. Retreat Speaker
	3. Program Development/
	4. Marketing
	5. Customer Service (e.g., CCI: answering emails, helping with passwords, CE’s, website, quizzes, etc.)
	6. Discussing CCI training with potential students
	7. Account Manager – to oversee a contract within a specific company
	8. Instructing/Leading Forum webinars
	9. Travel opportunities
		1. Benefit Fairs
		2. Marketing for CCI or CC360
	10. Brief YouTube video
	11. Other ideas?
2. Would you be interested in creating and recording a module for our Catalyst Coaching Institute? If so, what topics do you suggest?
3. What ideas would you like to share to help us grow CC360 or CCI?

Job satisfaction:

1. What about CC360 has kept you on the team as the client load has dropped?

Future plans:

1. Are you committed to continue coaching and mentoring with CC360 and CCI for the next year?

If no, please elaborate.

1. What is your current client load? How many clients would you like to coach per week? What is the maximum amount of hours per week you would want to coach for CC360? What is your capacity to ramp up your coaching when we get new clients?
2. What else would be helpful for us to know?

Well-being and Goals:

Please fill out the attached Well-being Assessment.

1. List the Dimensions of Wellness you feel best about. What accomplishments or milestones have happened in the past year that make you feel proud?
2. Which dimension of Wellness do you believe is an area of opportunity that you would like to address? Is there a goal in this dimension that you would like to share?

1. What other personal and professional goals do you have for this upcoming year?

Additional comments:

**USCW** **Coach** **Well-being Assessment**

Rate on a scale of 1 -10, how satisfied you are with each dimensional of wellness, with 1 being extremely unsatisfied and 10 being very satisfied.

\_\_\_\_\_\_\_\_\_\_ Physical health

\_\_\_\_\_\_\_\_\_\_ Emotional/mental health

\_\_\_\_\_\_\_\_\_\_ Intellectual health

\_\_\_\_\_\_\_\_\_\_ Social health

\_\_\_\_\_\_\_\_\_\_ Spiritual health

\_\_\_\_\_\_\_\_\_\_ Occupational health

\_\_\_\_\_\_\_\_\_\_ Environmental health

\_\_\_\_\_\_\_\_\_\_ Financial health