# TIES Center logo Coaching Action Plan for Individual

Coach Name

*Type name in the space below*

Team School/Grade Level

*Type school/grade in the space below*

Focus HLPs

*Type focus HLPs in the space below*

Date of Initial Plan

*Type date in the space below*

## Description of classroom strengths and alignment with HLPs

*Type your answer in the space below:*

## Description of classroom needs and alignment with HLPs

*Type your answer in the space below:*

## What is the instructional goal(s)?

*Type your answer in the space below:*

## Teacher or service provider goals

*Type your answer in the space below:*

## How do the goals fit in relation to broader team goals?

*Type your answer in the space below:*