

APPLICATION FORM FOR QCED COACHING

Version 2, updated 9/2011

Organizer (contact)

Name:
Address:
Phone:
E-mail:

Description of quartet educational/development activity, including anticipated goal(s):

Location of workshop:

Date requested: Saturday, _____

Quartets to be coached *To make our program cost effective, we ask for you to have at least 4 quartets for a workshop*

Name	Skill level (recent contest score or best guess)
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____
6) _____	_____
7) _____	_____
8) _____	_____

Expectations of QCED workshop organizer are:

- 1) Spend no money on this workshop: All fees are covered by QCED
- 2) Find at least 4 (or more) quartets for a Saturday workshop
- 3) Pick a date for your workshop, trying to avoid probable conflicts (shop, holidays,...)
- 4) Pick a site (church/home/hotel room of QCED coach,...)
- 5) Make a simple matrix of 120 minute coaching slots for each group (8, 10, lunch, 1, 3)
- 6) Over communicate with quartets about workshop logistics ahead of time. Men need to know what day and time they need to be at the workshop. We would hate to have a double booking or no show.
- 7) Provide a lunch break for your coach and a way for him to get food
- 8) Alert quartet to be warmed up and at the site early (we can't coach cold groups)
- 9) If you have 6 or more quartets, we *may* send 2 coaches. If we have 2 coaches, quartets should work with both coaches over 2 different sessions (8 am then 10 am slot,...)
- 10) Get a hotel room OR comfortable guest bedroom for your coach(s) <<if needed>>
- 11) You will not need to arrange transportation or meal money for your coach
- 12) Send your expenses (Hotel) to Doug (listed below) for reimbursement.
- 13) Hand the coach evaluation form (below) to each quartet, and collect this form before they leave
- 14) Send your coach evaluation form electronically in a PDF (or by mail) to Don

Send this completed application form to:
Don Rose Purfling@aol.com
16 N. Salmon Beach, Tacoma WA, 98407
Don's cell: 253-241-5616

Send reimbursement information to:
Doug Broersma doug@npsc clean.com
191 Birch Bay-Lynden Rd., Lynden, WA 98264
Doug's cell: 360-815-1468

QCED Coaching Evaluation

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Quartet name: _____ Location: _____ Date: _____

The purpose of this evaluation is to provide information to improve future QCED coaching workshops. Please indicate your level of satisfaction with each element requested. We keep this confidential, and request you be honest, as we wish to quietly remove poor coaches and use our best coaches over and over. We read each evaluation, and appreciate your feedback. Our evaluation scale is like school:

A (superior...fantastic coach) **B** (good...helpful coach) **C** (average, but you can send a better coach)
D (poor...not a good experience...yikes) **F** (please remove from coaching)

Coaching session Elements:

Your grade (circle each element)

The coach(es) were in contact with you prior to your coaching session, arrived on time, and acted professionally as a teacher and coach.

A B C D F

The coach(es) used effective and appropriate people skills with your quartet.

A B C D F

The coach(es) worked well with your quartet to improve your musical skills and choices.

A B C D F

The coach(es) worked well with your quartet to improve your singing skills.

A B C D F

The coach(es) worked well with your quartet to improve your performance skills.

A B C D F

The coach(es) were clear about the work you need to do beyond this session.

A B C D F

The coach(es) were upbeat, positive, and made the quartet feel like he wanted you to do well.

A B C D F

Overall, I would grade the coaching session:

A B C D F

What did the coach(es) do well that you would like us to know?

What area would you suggest he improve on for next time?

Please send completed form to:

Don Rose
16 North Salmon Beach
Tacoma, WA 98407

or scan and send a PDF to
Donny at his email address @
Purfling@aol.com