



Yakutat Community Health Center

K'idéin Kudzitee (Living Well)



P.O. Box 112, Yakutat, AK 99689
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www.yakutathealth.org

YCHC Coaching Form

Employee's Name _____ Date _____

Description of situation: (What happened, where it happened, when it happened?)

Desired outcome: (What would you like to see happen?)

Actions: (What Level of Coaching is this?)

- Informal counseling Written statement of performance expectations Oral or written warning
- Formal reprimand Suspension Written plan of improvement
- Probation Transfer Demotion Dismissal

Employee comments:

Supervisor's Signature _____

Date: _____

Employee's Signature _____

Date: _____