

# CIRCLE OF LIFE - PARTICIPANT EVALUATION

Your Name \_\_\_\_\_ Circle Coach Trainee's Name \_\_\_\_\_

Dates: From: / / To: / / .

Dear Circle of Life Participant, Your feedback is important to us and will help us maintain our high standard for training certified coaches and the high quality of our coaching materials. Your feedback will support us to know your Circle coach's strength and discover where they need refinement or support.

Please answer the following questions as indicated. Some questions just need a yes or no response (circle one), others need a line or two. When rating between 1 to 5: 1 (one) is the least and 5 (five) is the most.

1. Did your coach review the Coach/Participant Agreement with you? (circle one) **YES NO**
2. Did your Circle Coach refer you to / review the 15 Powers of the Circle of Life? **YES NO**
3. Did your coach administer the Circle of Life Assessment? **YES NO**
4. Did your coach take you through the Readiness for Change Assessment? **YES NO**
5. Did your coach lead you through the Blueprint for Change? **YES NO**
6. Did your coach use imagery, metaphors, and the skill of using positive self-talk to support your process? **YES NO**
7. Did your coach teach you the Mind/Body self-care practices? **YES NO**
8. Did you feel like the sessions were like therapy, ministry, or dependent on the coach to be the expert or advisor? **YES NO**
9. Did you feel the coach was supportive in helping the group share their own experiences, resources, and/or or referrals? **YES NO**
10. Did your coach keep participants focused on their process using the Blue Print for Change? **YES NO**
11. Did the sessions feel like the coach was supporting you in accessing your own insights, ideas and/or support from the group? **YES NO**
12. Did you experience that participants were doing too much story telling or veering off course? **YES NO**
13. Was your coach able to keep to manage the time & content of each session, and yet make needed adjustments based on what was being called for in the moment? **YES NO**
14. How well did your coach empower you to use your guidebook? **1 2 3 4 5**
15. How likely is it that you will use your guidebook in the future? **1 2 3 4 5**

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16. Please name 3 of the 15 powers presented in the Circle of Life process, then tell us how you have applied one of the powers in your participation within the program?

17. Briefly, What do you like most about the Circle process?

18. Please share what gains you have obtained from being in the Circle of Life process so far?

19. Please name one or two strengths that your coach demonstrated as a Circle of Life Coach?

20. What suggestions do you have for your Circle of Life Coach?

If you know a person to whom you would like to refer this program or coaching services, please let us know and we will send them a short email and invitation to visit our website at your recommendation.

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

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Your Signature

Date

My signature (above) gives Circle of Life my permission to use what I've written here as a testimonial or quote in Circle of Life print and digital marketing materials. (Simply do not sign this if you wish to keep your words confidential.)