

ECAP Coaching Completion Report/Statement

Coach: _____ Date submitted: _____

Address: _____ City: _____ Zip: _____

Program: _____

Teacher: _____

Date	Session	Approx. Time in Session
	Initial Visit	
	1	
	2	
	3	
	4	

The following documents have been submitted or are attached:

- Coaching agreement
- Coaching notes for each session

Comments:

Amount Due : _____

- Coaching is paid per visit.

Return to: The Family Connection, 132 N. Lafayette Blvd., South Bend IN 46601 (or fax: 237-1071)
 Received reports will be paid in the first week of each month.

(For office use only)

Amount Paid: _____

Check #: _____

Date: _____