UNIVERSITY OF GEORGIA
Student Affairs

COLLECTIVE COACHING CIRCLE - SUPERVISOR APPROVAL FORM

The Collective Coaching Circle for Supervisors is a professional development opportunity designed to reflect on current supervision practices and explore methods of improvement through peer coaching with professionals from various UGA Student Affairs departments.

Collective Coaching Circle participants will engage in a guided conversation with their cohort and a trained facilitator to reflect individually and collectively on their professional practices, share ideas, and gain knowledge to overcome supervision obstacles.

The deadline for applications is Monday, March 16, 2020 at 12:00 p.m. Applications will be reviewed in consideration of availability and qualifications, with respect to diverse experiences.

COLLECTIVE COACHING CIRCLE BENEFITS

- Expand your knowledge on leadership and coaching, strengthen management skills, and overcome supervisory obstacles!

- Between sessions, participants will have the opportunity to develop their supervisory skills by actively practicing coaching techniques in the workplace.

- Join fellow Student Affairs colleagues across the division to connect, grow, and experience diverse professional and supervisory styles!

COLLECTIVE COACHING CIRCLE MEMBER REQUIREMENTS & EXPECTATIONS

- Term: Participants will commit to attending a two-hour meeting once per month April – September 2020.
- Preparedness: Participants will complete all prep and review materials prior to all meetings.
- Coaching Format: Participants will adhere to the guidelines for group coaching conversations.

COLLECTIVE COACHING CIRCLE PARTICIPANT ELIGIBILITY

- Participants must:
  o Be a full-time staff member in UGA Student Affairs.
  o Directly supervise at least one full-time staff member or student employee.
  o Obtain supervisor approval to join the Collective Coaching Circle.

I have read the requirements and support _____ in their application to participate in a Collective Coaching Circle for Supervisors.

_____   _____
PRINTED NAME OF SUPERVISOR   SIGNATURE OF SUPERVISOR

_____
DATE