

LEADERSHIP FOUNDATION — MODULE 5

# Treatment Observation Form

Observe a treatment and provide structured coaching feedback.

Name:	Date:
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Therapist	Treatment	Date	Observer

## Observation Checklist

Criteria	1	2	3	4	5
Room setup and preparation					
Guest greeting and consultation					
Communication throughout treatment					
Technical skill and technique					
Time management and flow					
Product knowledge and homecare advice					
Closing and rebooking					
Overall professionalism					

THREE THINGS DONE WELL

ONE AREA TO DEVELOP

COACHING CONVERSATION NOTES (GROW)