**L – 10 Super Coach (Could be SEA Super Coach(es) OR OASIS Team Super Coach(es))**

Name of Nominee:

Name of Organization:

Nominated By:

Approved by Service Excellence Council? □ Yes

A. Provide a brief snapshot of “why” this individual is being nominated.

*Can you give us a quick overview of the unique qualities of this nominated Super Coach?*

B. How has the Super Coach made a difference?

*What behaviors set this Super Coach apart from others? What are his/her especially effective coaching skills? How does his/her presence as a Super Coach have a positive impact on teams or individuals? Examples of this person’s superior coaching skills are welcome.*

C. How and what impact has the Super Coach had on patient/customer satisfaction?

*Ultimately, how did this skillful Super Coach influence the overall understanding of the importance of customer/patient satisfaction at our organization?*

D. How and what impact did the Super Coach have on improving employee morale and the culture of our workplace?

*By using his/her good influence, the nominated Super Coach has been a positive role model for staff, for peers, and for the organization at large. Can you give an example of how he/she makes everybody’s day just a little bit better?*

E. What impact has this Super Coach had on improving the community perception of the organization?

*Please provide specific details.*

F. What behaviors differentiate this Super Coach from other Super Coaches?

*Illustrate how this coach exemplified new ways to coach successfully.*

**This nomination, with supporting documentation (if applicable), should be sent via email to** [info@hcsecawards.com](mailto:info@hcsecawards.com) **once approved by the Service Excellence Council.**