



COACHING PLANNING FORM

PERSONAL INFORMATION

Name of Client: _____ Age: _____ DOB: _____

Social Security Number: _____ Referred by: _____

Address: _____

Home Phone: _____ Work Phone: _____ Other: _____

May I leave a message at home? Yes ___ No ___ At work? Yes ___ No ___ On cell? Yes ___ No ___

Email: _____

Place of Employment: _____

Occupation: _____ Hours Worked: _____

Relationship Status: Single ___ Married ___ Partnered ___ Divorced ___ Widowed ___

Other _____

Name of spouse/partner or closest friend or relative to you: _____

Relationship (if other than spouse/partner): _____

Phone Number: _____ Place of Employment: _____

Chief complaint or issues you are concerned with: _____

List any major health problems for which you currently receive treatment: _____

List all medications you are currently taking: _____

Current prescribing physician/psychiatrists: _____

Have you ever received psychiatric help or counseling of any kind before? _____

If so, when and with whom? _____

What issues were addressed? _____

Do you use alcohol? (mark one) Never ___ Occasionally ___ Often ___ Daily ___

Do you use drugs? (mark one) Never ___ Occasionally ___ Often ___ Daily ___

How is your physical health? Excellent ___ Good ___ Fair ___ Poor ___

GOALS

Future Visions/Long Term Goals (Where do you want to be? Graduate, grad school, career, etc.,)

Actions Necessary for Future Vision/Long Term Goals: (Complete courses, applications, etc.,)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Short Term Goals:

Actions Necessary for Short Term Goals: (Complete courses, applications, etc.,)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

COACHING PRIORITIES

Indicate how important the following issues are to you:

- | | | |
|-------------------------|-----------------------------|--|
| ___ Time Management | ___ Educational Issues | 1 = most important to address
2 = fairly important to address
3 = probably should address
4 = somewhat important to address
5 = no need to address, I'm a Master |
| ___ Organization | ___ Financial Issues | |
| ___ Relationship Issues | ___ Establishing Priorities | |
| ___ Communication | ___ Making Decisions | |
| ___ Temper Control | ___ Mood Control | |
| ___ Conflict Resolution | ___ Ability to Set Goals | |
| ___ Vocational Issues | | |

What do you hope to get out of coaching?

SELF AWARENESS & UNDERSTANDING OF STRENGTHS AND LIMITATIONS

Strengths:

Identify **personal strengths** you possess:

1. _____
2. _____
3. _____

What **resources** do you tap into on a regular basis?

1. _____
2. _____
3. _____

Behavior:

Identify **internal** barriers (How do you get in your own way?):

1. _____
2. _____
3. _____

Identify **strategies** to overcome barriers:

1. _____
2. _____
3. _____

Environment:

Identify **exterior** barriers (environmental and other distractions, etc.):

1. _____
2. _____
3. _____

Identify **modifications** (things to aide you in overcoming barriers):

1. _____
2. _____
3. _____

Current Structures:

Daily calendar/task tracking system: _____

Organization of study/work space (home and school): _____

Organizational difficulties (submitting work, interpreting directions, etc) _____

Specific Coaching/Action Steps you are willing to take NOW:

1. _____
2. _____
3. _____

CARING FOR MYSELF

How do you care for yourself in healthy ways?

Nutrition: _____

Substance use (caffeine, alcohol, nicotine): _____

Sleep Patterns: _____

Hrs. sleep needed: _____ Actual hrs received: _____

Exercise types: _____ Frequency: _____

Social/Emotional supports: _____

Stress Reduction activities: _____

Identify the things that make you happy (How do you relax? What brings you pleasure?):

Is there anything I need to know about you to better assist you meet your goals and reach your potential?

