



Art of Loving Center

COACHING QUESTIONNAIRE

Your time is appreciated completing this questionnaire as thoroughly as possible. The more information you provide, the better your coach can serve you. *This information is kept strictly confidential.*

Today's Date _____

How Heard (circle one): Yahoo Google MSN Bing YouTube Other _____

Client's Full Name _____
First M.I. Last

Client's Full Name _____
First M.I. Last

Address _____
Number Street Apt./Unit

City State Zip

Telephone (_____) _____ (_____) _____
Home / Cell Work

Employer _____ **Occupation** _____

Emergency Contact

Name/Relationship Phone Number(s)

1. Why are you seeking coaching at this time?

2. What are your hopes for coaching?

3. What are your concerns about coaching?

4. Briefly describe current or past coaching experience (With whom? How long? Effective?):

5. Areas of interest for coaching (Check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Relationship | <input type="checkbox"/> Resilience Training | <input type="checkbox"/> Wellness & Stress Management |
| <input type="checkbox"/> Parenting | <input type="checkbox"/> Business Development | <input type="checkbox"/> Communication Skills |
| <input type="checkbox"/> Leadership Development | <input type="checkbox"/> Productivity Enhancement | <input type="checkbox"/> Interpersonal Effectiveness |
| <input type="checkbox"/> Career Advancement | <input type="checkbox"/> Performance Anxiety | <input type="checkbox"/> Activating Flow & Zone States |
| <input type="checkbox"/> Motivation & Drive | <input type="checkbox"/> Confidence | <input type="checkbox"/> Focus & Concentration |
| <input type="checkbox"/> Life Purpose & Vision | <input type="checkbox"/> Career Transitions | <input type="checkbox"/> Other _____ |

Other _____

6. Is there anything else you would like your coach to know? (Use back of paper if needed)

Client Signature

Date

Client Signature

Date

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