BEST CARE COACHING

Client Information



Best Care Coaching Client Information

Date		- /					
Coaching Client I	nformatio	on					
Name		Job Title					
Company Name							
Work Address			City		Stat	e	Zip
Work Telephone			Cell				
May we call?	Work	YES	NO	Cell	YES	NO	
Leave message?	Work	YES	NO	Cell	YES	NO	
Best time to be read	ched by pho	one					
Work Email							
May we send follow	up inform	ation t	to your work	email?	YES NO		
If not, is there a bet	ter way to	send fo	ollow-up info	ormation to	you?		
Main Responsibiliti	es						
Employer Inform	ation						
Direct Supervisor N	lame and T	itle					
Work Address			City	St	ate	Zip	
Work Phone		Cell		Fa	X		
Work Email							





Coaching Goals

Coaching Client	Name				
What are your prii	mary goals	outcomes for	coaching?		
1					
2					
3					
What conversation	ns have you	ı had with your	direct supervis	or regarding thes	se goals?
Please circle your : We will ask your r	atings on tl	nese issues aga	in after the coad	ching has been co	mpleted.
Self-esteem:	Poor	Fair	Good	Very Good	Excellent
Overall Job satisfaction	Poor	Fair	Good	Very Good	Excellent
Satisfaction with Coworkers	Poor	Fair	Good	Very Good	Excellent
Satisfaction with Supervisor	Poor	Fair	Good	Very Good	Excellent
Satisfaction with Employer	Poor	Fair	Good	Very Good	Excellent
Personal relationships	Poor	Fair	Good	Very Good	Excellent
Family relationships	Poor	Fair	Good	Very Good	Excellent
Ability to deal with stress	Poor	Fair	Good	Very Good	Excellent
Overall attitude/happiness	Poor	Fair	Good	Very Good	Excellent
Are there any obst Please explain:	acles that r	nay interfere w	vith your ability	to achieve your c	coaching goals?
Is there anything e	else you wo	uld like me to l	know before we	get started?	