

BEST CARE COACHING

Client Information



Best Care Coaching Client Information

Date _____

Coaching Client Information

Name _____ Job Title _____

Company Name _____

Work Address _____ City _____ State _____ 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 reached by phone _____

Work Email _____

May we send follow up information to your work email? YES NO

If not, is there a better way to send follow-up information to you?

Main Responsibilities

Employer Information

Direct Supervisor Name and Title _____

Work Address _____ City _____ State _____ Zip _____

Work Phone _____ Cell _____ Fax _____

Work Email _____





Coaching Goals

Coaching Client Name _____

What are your primary goals/outcomes for coaching?

1. _____
2. _____
3. _____

What conversations have you had with your direct supervisor regarding these goals?

Please circle your rating at this time for any following issues that apply in your situation. We will ask your ratings on these issues again after the coaching has been completed.

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 obstacles that may interfere with your ability to achieve your coaching goals? Please explain:

Is there anything else you would like me to know before we get started?
