



### 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. \_\_\_\_\_

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## 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?

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## 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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_