



Coaching Client Intake Form

CLIENT	
Client Name	
Position	
Employer	
Sponsor + Billing Information	
Program	
Schedule/Start Date	
CLIENT CONTACT DETAILS	
Email	
Business Phone	
Mobile/Cell	
Mailing Address	



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INTAKE SURVEY	
1. What aspects of your professional life do you value the most?	
2. What do you consider to be your greatest accomplishments?	
3. What does future success look like to you?	
4. What motivates or inspires you?	
5. What values tend to guide your decisions?	
6. What are your biggest challenges?	
7. How would you rate your current sense of satisfaction or happiness (on a scale of 1-10)?	
8. How would you rate your current stress level (on a scale of 1-10)?	
9. What is causing you stress?	
10. What are 1-3 goals you would like to achieve over the next year?	



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11. How or why are these things important to you?	
12. What are you looking for from your coach as you work together over the next 3 months to help you get there?	
13. What do you think it will take for you to move forward in a meaningful way?	
14. How will you know you have succeeded?	
15. What skills do you need to develop to achieve your goals?	
16. What do you feel could stand in your way?	
17. In your experience, what can hold you back from being at your best?	
18. What support would you like from your coach?	

SEND TO COACH - SUSAN

SEND TO COACH - BONNIE