

Coach's Name
Title
Organization
Address
Phone/Fax/Email

CMR COACHING INFORMATION FORM

Client Information:

Name:	Mailing Address:
Organization:	Street
Job Title:	City, State, Zip Code
Email address:	
Phone Number:	Date of Contact:

Background Questions:

1. Describe your present work responsibilities as applicable to your situation:
2. What motivated you to come to coaching?
3. What are some key focus areas/goals you would like to work on during the coaching experience?
4. What do you consider to be your greatest strengths?
5. In your perception, what is currently holding you back in your situation?
Where do you feel the most "stuck."
6. What are the main things you think would be helpful for me to know about you?
7. What key ways of interacting will be most effective for you?
8. What would success look like for you in this coaching process?
9. How do you handle stress at work?
10. What timeframe impacts your coaching situation?
11. What is the best time to reach you?
12. What other requests, accommodations or questions do you have regarding our coaching sessions?