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**Initial Consultation Form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial Appointment Date/Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We look forward to working together on this success journey. In order to have a productive initial conversation, please complete (type) and return this form to [wendy@careermanagementstrategies.co](mailto:wendy@careermanagementstrategies.co) at least one business day before your scheduled visit. Thank you!

1) What three goals do you want to accomplish within the next three-six months?

2) What is the greatest challenge you have had to overcome?

3) On a scale of 1-10, how motivated are you in your work/personal life? What motivates you?

4) On a scale of 1 -10, how stressed do you feel right now. What are your key stressors?

5) List up to 5 things that you feel you are ‘putting up with’ right now?

6) What would you like your coach to do if you struggle with your goals?

7) How will you know when you are receiving value from the coaching process?

8) Are there approaches that motivate (or do not motivate) you? Please identify.

9) What would you like from your coach during your sessions: note items below and score on a scale of 1 -10 where 1 is not at all important and 10 is extremely important:

\_\_\_Gaining clarity of issues  
\_\_\_Understanding what is important /what motivates me  
\_\_\_Exploring and understanding what is holding me back  
\_\_\_Gaining an insight into who I am, my strengths, capabilities and career options

\_\_\_Providing encouragement and support  
\_\_\_Helping define goals  
\_\_\_Helping to identify action and next steps  
\_\_\_Challenging you with difficult questions  
\_\_\_Providing honest and direct feedback  
\_\_\_Gaining accountability for your goals

10) What else do you want your coach to know about you?

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| CLIENT Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | COACH Name: Wendy Wendover, PhD  Signature: Wendy Wendover, PhD |