

 Coaching Services

 Initial Assessment Form

 Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: 2022\_\_\_\_\_\_\_\_

Please score your readiness (Have you began processing/working towards a resolution in these areas?)

 1= Ready 2= Waivering thoughts 3= Procrastination

|  |  |  |  |
| --- | --- | --- | --- |
| **Each Category will be scored for readiness-** | 1 | 2 | 3 |
| **Self-Identity:**Do you know your Purpose,Do you know your Intentions?Do you know your Barriers (what’s in the way)What are your Triggers?1 is YES2 is SOMEWHAT3 is NO |  |  |  |
| **Self-limiting Beliefs:**Does your Past experiences, Childhood structure, and old relationships cause you to think negative about situations and or believe things will not work out for you?1 is Yes2 is SOMEWHAT3 is NO |  |  |  |
| **Confidence :**  Do you know: Why can’t you? Why won’t you? Who/what stopped you?1 is YES2 is SOMEWHAT3 is NO |  |  |  |
| **Criticism/Growth Moments:**When you are at work or assigned something to do, are you lead by your heart or do you use your head and do what is right but not necessarily popular to others? 1 is YES2 is SOMEWHAT3 is NOHeart vs.Head, Listening vs. Accepting |  |  |  |
| **Stress Management:**How often do you stop and reflect on negative situations ?Do you process it and release the negativity?1 is YES2 is SOMEWHAT3 is NO |  |  |  |
| **Relationship Direction:**DO you know the direction your relationships are going? 1 is YES2 is SOMEWHAT3 is NO |  |  |  |
|  Are your important relationships good or bad? Yes or NO  |  |  |  |

Use this space to add your comments on any of the questions above.