**Client Onboarding Questionnaire Coaching Services TruNorthmbc**

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| **CLIENT** |  |
| **POINT OF CONTACT** |  | ROLE IN THE ORGANIZATION | [ ] Owner [ ] President [ ]  Executive [ ] VP [ ] Director [ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(other) |
| **CONTACT PHONE** |  | **CONTACT EMAIL** |  |
| **CLIENT LOCATION** |  | **Web Site****If applicable** |  |
| **INDUSTRY CLASSIFICATION** | [ ] Retail[ ]  Food Service[ ] Not for profit[ ]  Manufacturer[ ]  Marketing[ ]  Sales[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **BRIEFLY DESCRIBE YOUR BUSINESS OR ORGANIZATION (2-3 SENTENCES)** |  |
| **GOALS AND OBJECTIVES**  | How would you describe your personal Goals and Objective?How would you describe your business Goals and objectives? |
| **BIGGEST WINS** | What have been some of your biggest wins so far (what are you proud of?) |
| **CHALLENGES AND BARRIERS****“What keeps you up at night?”** | What are some of your current challenges to achieving your goals?* x
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| **DESIRED OUTCOME** | What is your envisioned outcome and by when?*
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| **“What else do you think I should know?)** | What kind of assistance do think you need? [ ] Skills Development [ ] Helping with Prioritization [ ] Helping define goals [ ] Identify actions and tactics [ ]  Leading Teams [ ] Other |
| Please expand on the above in 2-3 sentences:  |
| **TIMELINE** |  | **BUDGET** |  |