Post-Session Evaluation Form

Date:								
Name of Client:								
Name of Coach: Jew	velz Positiv	vely Livin	g					
1. I would rate toda	ıy's coachi	ng sessio	n:					
1 2 (poor)	3	4	5	6	7	8	9	10 (great)
2. For the upcoming	g week, I h	nave comi	mitted to	do the fo	ollowing:			
3. I think that the m	nain points	of today	's coachi	ng sessio	n were:			
4. I wish that we ha	ıd spent m	ore time	talking a	bout:				
5. I wish that we ha	id spent le	ss time ta	alking abo	out:				
6. Additional comm	ents, ques	stions, su	ggestions	s, etc.				