COACHING PRE-SESSION FORM

To get the best results from our sessions, please complete this pre-session form and send to me 24 hours before our session.

Name	Email
How did you feel abo	out our last session?
What insights did yo	u gain in our last session?
Are the goals you're	working on still relevant or will you need to revise them?
What SMART actions	did you commit to during our last session?
What actions have y	ou taken since the session?
What positive outcor	mes or opportunities did you experience as a result of these actions?
What challenges did	you face?
What would you like	the outcomes of our next session to be?

PRE-SESSION FORM

Name					Date of birth					
Tell me c	ı little abo	out yourse	elf.							
On a scale of 1 - 10, how content are you with your life currently?										
1	2	3	4	5	6	7	8	9	10	
Not satisfied									Very satisfied	
What do	you expe	ect from y	our time \	working w	ith a coacl	า?				
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What do	you expe	ect from y	our time v	working w	ith a coacl	า?				
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How wou	ıld you lik ıld you lik	e to feel c	at the end	of our co		sions?				
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