

*Dr. Jeff M. Bauman*  
*Certified Franklin Covey Coach*

**COACHING INTAKE**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Occupation-Position-Role

etc. \_\_\_\_\_

\_\_\_\_\_

Past  
Successes \_\_\_\_\_

\_\_\_\_\_

Past Obstacles  
overcome \_\_\_\_\_

\_\_\_\_\_

What would you like to occur as a result of the coaching?

\_\_\_\_\_

\_\_\_\_\_

How would you like me to be as your coach?

\_\_\_\_\_

\_\_\_\_\_

How do you see your role as a coaching client?

\_\_\_\_\_

\_\_\_\_\_

Please describe your current goals or dreams.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe any current challenges or obstacles in meeting those goals or dreams.

\_\_\_\_\_

\_\_\_\_\_

Please describe personal qualities or situations which you would like to enhance?

\_\_\_\_\_

\_\_\_\_\_

---

---

If you could not fail, what would you most like to accomplish within five years? Please describe in vivid detail.

---

---

---

---

---

Please describe your time management or life balance skills.

---

---

---

---

Is there anything else I should know about your education, career, relationships, or qualities?

---

---

---

---

---

---

---

---

---

---

Coaching IS NOT Psychotherapy. Are you currently seeing a Psychotherapist? Do you have concerns about your emotional health? Please describe.

---

---

---

---

**1840 Main Street Suite 102 Weston FL 33326**

**Phone(954)659-0059 Fax(954) 659-0058 [www.WestonChildPsychologist.com](http://www.WestonChildPsychologist.com)**