



COACHING ASSESSMENT

This information will be held in strict confidence

Please answer the following questions in as much detail as you desire. The process of thinking through these questions will help you define the desired outcomes of working together. Your answers will help me to better understand your needs to serve you most effectively. Please send this in to the office prior to the first meeting.

Name:

Mobile #:

Email:

Preferred method of communication between appointments (text, call, email)

What is your experience with Meditation and Mindfulness?

- Not even quite sure what it means
- Interested in learning more - Have heard about it, but never practiced
- Minimal exposure to Mindfulness, have done some simple practices
- Previously practiced, want to get back into regular practice
- Experienced Mindfulness/Meditation practice, want to enhance

What are you most grateful for in your life?

What habits, activities, thoughts, etc. do you believe need to be let go of or simplified in order to truly move forward?

What are daily/weekly practices that you ensure make it on your priority list?

What motivates you? Who, what or where gives you good energy?

Please complete the following statement:

“The benefits I hope to receive from developing a Mindfulness practice are.....”

Is there anything else that you think I should know? (For example, have you been treated for brain injury, are you in therapy for PTSD, on any medications for anxiety or depression, in a 12-step program, significant life events etc.?) Please share anything that you think will support your practice.