Client Information:

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| --- | --- |
| Name: |  |
| Location: |  |
| Tel Nos.: |  |
| Email: |  |
| Skype Address: |  |
| Start Date: |  |
| Targeted Completion: |  |
| Best Days: |  |
| Best Time: |  |
| Follow Up Preference: |  |
| Other Comments: |  |

## Part 1: Primary Focus

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| Subject or Performance Matter: |  |

**Primary Concerns: (What is driving the coaching request? What are you trying to achieve?)**

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## Key Challenges: (What are possible challenges, obstacles and barriers to success?)

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| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

**Measurable Outcomes: (How will you know you have been successful? What will success look like?)**

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Coaching Planning System

Part 2: Coaching Record

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| --- | --- | --- | --- | --- | --- |
| Session: 1 | | Duration: |  | Completed: |  |
| Objective: |  | | | | |
| Action Items: | (List action items here to be completed by next session) | | | | |
| Notes: | (List any key learning points or discussion areas for next session) | | | | |

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| Session: 2 | | Duration: |  | Completed: |  |
| Objective: |  | | | | |
| Action Items: | (List action items here to be completed by next session) | | | | |
| Notes: | (List any key learning points or discussion areas for next session) | | | | |

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| --- | --- | --- | --- | --- | --- |
| Session: 3 | | Duration: |  | Completed: |  |
| Objective: |  | | | | |
| Action Items: | (List action item here to be completed by next session) | | | | |
| Notes: | (List any key learning points or discussion areas for next session) | | | | |

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| Session: 4 | | Duration: |  | Completed: |  |
| Objective: |  | | | | |
| Action Items: | (List action items here to be completed by next session) | | | | |
| Notes: | (List any key learning points or discussion areas for next session) | | | | |

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| Session: 5 | | Duration: |  | Completed: |  |
| Objective: |  | | | | |
| Action Items: | (List action items here to be completed by next session) | | | | |
| Notes: | (List any key learning points or discussion areas for next session) | | | | |

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| Session: 6 | | Duration: |  | Completed: |  |
| Objective: |  | | | | |
| Action Items: | (List action items here to be completed by next session) | | | | |
| Notes: | (List any key learning points or discussion areas for next session) | | | | |

**Miscellaneous Notes, Observations and Comments**

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