

**COACHING QUESTIONNAIRE**

Please return this completed form via email to:

Coaching@WomensProsperityNetwork.com least 24 hours prior to your session

**NOTE RE YOUR FIRST SESSION:** You will be contacted by our team to schedule your initial coaching session. If, you have any questions, please call our Coaching Program Coordinator, Stephanie Pimental, at 561.632.9735

*Note: Your Session Will Take Place Via Tele-Conference and You Will Receive the Conference Line Number via Separate Email*

**Contact Information:**

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| **Primary Client** | **Business Partner/Spouse****(as applicable)** |
| Name | Name |
| Email | Email: |
| Cell Phone | Cell Phone |
| Other Phone | Other Phone |
| Street Address | Street Address |
| City, State, Zip | City, State, Zip |
| Preferred Method of Contact: [ ] Text [ ] Phone [ ] Email | Preferred Method of Contact: [ ] Text [ ] Phone [ ] Email |
| Best time of day to reach you: | Best time of day to reach you: |
| Birthdate | Birthdate |
| Marital Status | Marital Status |
| Children? Ages? Gender? | Children? Ages? Gender? |
| Education | Education |

**The remainder of the information requested is meant to be provided by the primary individual enrolled in the program.**

**What is your primary business?**

**Company Name 1:**

**Company Name 2:**

**Additional Companies/Businesses:**

**Do you have other streams of income?** Please list a short description of each.

**Business Set Up**

* How many years have you been in business?:
* Do you have an Accountant? Bookkeeper?:
* Are you incorporated?
	+ If yes are you a LLC, SubChapter S – sole proprietorship or dba?
* How do you track your income and expenses?
	+ Notebook or paper method
	+ Excel Spreadsheets
	+ Quickbooks
	+ Other software (please list):

Work Schedule:

Time/Hours weekly to work ON Professional/Business Growth (working ON your business not IN it):

Life Stressor #1:

Life Stressor #2:

Business Challenge #1:

Business Challenge #2:

Motivating factor for your Vision (i.e., money for family; to help people; to change something):

What obstacles/challenges block you from getting done what you thought or what you said you would when you said you would?

Would you consider yourself a perfectionist?

If yes, how often does procrastination or lack of mojo impede your progress?

If you make an agreement to complete an assignment or task with your coach or mastermind partners and you don’t complete it as agreed, how would you like us to respond and support you in keeping your commitment?

What circumstances in your life right now (temporary or otherwise) should we take into account in creating your plan? (i.e. taking care of parent, medical issues, moving, etc.)

What is your Mission Statement? (It’s okay if you don’t have it yet, we can work on it together).

- or – How do you serve others in your business?

We know you’re extremely talented! Please share your top 5 Business skills.

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

We also know the importance of having a team to work with and complement our strengths and weaknesses. Please share areas where you would like to put team members in place to further the growth of your business.

LEARNING STYLE:

How do you learn and think?

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| **Are you a logical or emotional decision maker?** D*o you make decisions with your head or heart?* |
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| **Do you make decisions quickly or slowly?**  |
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| **Do you finish things before you start working on something else?** *Do you have shiny object syndrome?* |
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| **What, if anything, holds you back from taking action?** (*i.e. procrastination, fear, family obligations, interruptions, not enough time)* |
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| **Do you enjoy working and talking with people?**  |
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| **Do any of the following scare or intimidate you:** |
| Networking: |
| Marketing: |
| Selling: |
| Cold Calling: |
| Negotiating: |

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| **Have you had a coach before?** |
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| **Do you learn best:** Visually, Listening or by doing? |
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| **ARE YOU COACHABLE?** |
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| **Are you willing or resistant?**  |
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| What is your motivation level on a scale of 1 – 10? |
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| **COACHING EXPECTATIONS** |
| **What do you expect out of the coaching program?** |
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| **What qualities/characteristics are you looking for in a coach?** |
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GOALS

**We need to set some ‘getting started goals.” Your goals should be *SMART*:**

**Specific, Measurable, Action Based, Realistic, and Timely**

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| **What are your short-term goals?** **1 month:** |
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| **What are your intermediate goals?****3 months:** |
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| **What are your longer-term goals?** **6 month:**  |
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| **What are your long-term goals?****1 year & beyond:** |
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MARKETING STRATEGIES

***Online Presence***

Do you have a website? If yes, please list domain name(s):

* Is it a WordPress website?
* Do you manage and update it yourself or do you have a web master who takes care of it for you?
* Do you blog or write articles (on your own site or on others)?
* Do you have an email address with your domain name, i.e. Nancy@NancyMatthews.com (as opposed to nancywpn@gmail.com)?

***Email / Online Marketing & Sales***

* Do you have an email marketing system such as MailChimp, Infusionsoft, Aweber, Constant Contact, Get Response or other? If so, please state which software you use:
* What is the current size of your email list in said system:

***Marketing***

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| **Marketing Method:** | **Yes or No** | **Frequency**  | **Comfort Level (1-10)** |
| Email Marketing |  |  |  |
| Social Media |  |  |  |
| Blogging |  |  |  |
| Video Marketing |  |  |  |
| Trade Shows |  |  |  |
| Paid Advertisements |  |  |  |
| Speaking Engagements |  |  |  |
| Blogging/Articles |  |  |  |
| Phone Calls |  |  |  |

***Public Relations***

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| --- | --- | --- | --- |
| **Name** | **Yes or No** | **Frequency** | **Comfort Level (1-10)** |
| Interviews |  |  |  |
| Sponsorships |  |  |  |
| Community Outreach |  |  |  |
| Guest Appearances |  |  |  |

***Products/Services***

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| --- | --- | --- | --- | --- |
| **Product Name** | **Price 1** | **Price 2** | **Marketing Method 1** | **Marketing Method 2** |
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| **Regarding your primary business, where do you get most of your customers?** |
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| **Describe your niche and/or target market:** |
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| **What do you now do to attract new customers?****(Email campaigns, networking referral or leads groups, strategic alliances, etc.)** |
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Place an “X” to each of the strategies you employ **consistently**

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| **Website** | **Social Media** | **Other** |
| Blog |  | Facebook |  | Email Newsletter |  |
| Blog Consistently |  | Twitter |  | Mobile Marketing |  |
| FB Share Button on Site |  | LinkedIn |  | Networking |  |
| Opt In Box  |  | Pinterest |  | Article Writing |  |
| Free Gift for Opt In |  | Klout |  | Tele-Seminars/Webinars |  |
| Videos |  | Google+ |  | Speaking to Groups |  |
| Facebook Feed |  | Social Media Mgmt Tool |  | Products: eBooks, Audios |  |

**SOCIAL MEDIA PLATFORM**

Please provide your name as it appears in any of these platforms you currently use **consistently**:

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| --- | --- |
| **Facebook:** |  |
| **Personal Profile # of Friends:** |  |
| **Business Page # of Likes:** |  |
| **You Tube Channel:** |  |
| **Subscribers:** |  |
| **LinkedIn** |  |
| **Connections:** |  |
| **Twitter** |  |
| **Followers:** |  |
| **Other:** |  |

***Financial***

These answers, like all parts of your coaching program, are confidential. This information is essential in business planning.

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| --- | --- | --- |
|  | **Source Name** | **Amount** |
| **Monthly Income 1** |  |  |
| **Monthly Income 2** |  |  |
| **Monthly Income 3** |  |  |
| **Monthly Income 4** |  |  |
| **Monthly Gross** |  |  |

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| --- | --- | --- |
| **Monthly Personal Expenses** |  |  |
| **Monthly Business Operating Expenses** |  |  |
| **Monthly Expense Total** |  |  |

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| --- | --- | --- |
| **Approx. Monthly Net Profit** |  |  |

How much revenue did your company(s) generate:

* in the last 30 days?
* in the last 60 days?
* in the last 90 days?

***Thank you for taking the time to consider these questions.***

***These answers support your coaching team in developing the best strategies***

***and tactics in the right sequence so that you achieve your goals.***

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