

The “G” Word: Goals ...

Where are you headed?

Name _____ Today's Date _____

Directions: This form is to be completed by you prior to our first meeting. We will review the information together during the intake session.

Please rate (using a *number*) each of the listed potential coaching goals:

<i>Not at All Important</i>		<i>Neutral</i>		<i>Extremely Important</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

HEALTH	
	Nutrition & Weight
	Fitness & Exercise
	Stress & Relaxation

FINANCES	
	Income
	Savings
	Debit Card
	Find a Job

SELF	
	Personal Hygiene
	Medical & Dental Care
	Clothes / Managing Wardrobe
	Spiritual Needs
	Communication & Personality Traits

SCHOOL/CHORES	
	Spend Less Time on Homework/Chores
	Set and Meet <u>Your</u> Goals
	Organizational Skills
	Start and Complete Things on Time
	Focus and Concentration
	College / Gap Year Application
	Better Grades

FAMILY	
	Nuclear Family Members-Relationships
	Extended Family Members-Relationships

HOME ENVIRONMENT	
	Organizing Your Room
	Organizing Your Study Space

SOCIAL	
	Holidays & Vacations
	Hobbies & Fun
	Improve Social Skills/Friendships

ADDITIONAL GOALS ?	