

Michael Grady – Transformational Relationship
Coaching Services

Client Assessment Form

Name: _____

Mailing Address: _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

Date of Birth: _____

Marital status: _____ How many years? _____

Spouse Name: _____

Children's names and ages: _____

Religion (optional): _____

Occupation: _____ How many years? _____

Length of time at this occupation: _____

Education: _____

What I do in my spare time: _____

My biggest accomplishment is: _____

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My objective for coaching with you: _____

What I am committed to: _____

What people don't know about me is: _____

My fear in life is: _____

My passion in life is: _____

In the last year, my life has: _____

My story about my life is: _____

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My personal objectives in the following areas: (write about all that apply)

Over the next six months:

- Income
- Professional growth
- Education
- Family
- Friends
- Hobbies
- Travel
- Retirement
- Major Purchase

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My life is about: _____

The most important people in my life are: _____

I am frustrated about: _____

Some incompletions in my life are: _____

What do I avoid?: _____

I would call myself:

- Outgoing?
- Shy?
- Controlling?
- Analytical?

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People or style of people I avoid, and why? _____

What matters to me most: _____

My strengths are: _____

My weaknesses are: _____

What do people say about me? _____
