

“Life Coaching with Sherry”
COACHING CLIENT PROFILE

Welcome to our coaching partnership! I’m excited to begin working with you. I’ve prepared the enclosed coaching materials to assist both of us in getting the most from our relationship. Please take time to complete these forms and return a copy to me as soon as possible. Thanks.

Date: _____

I. Contact Information

Name: _____

Address:	City:	State, Zip Code:
Office Phone:	Home Phone:	Cell:
Fax Number:	E-mail:	www.:

II. Personal Information

Your Birth Date:	Anniversary Date (if applicable):
Spouse’s Name, Birth Date:	
Children - Names and Ages:	
Current occupation:	Present Company:
Health Problems/Medications?:	

Have you worked with a Counselor/Therapist?	If so, when/why?
How do you like to learn? (Circle each one that applies) Visual, Tactile, Auditory, Verbal, Kinesthetic, Cerebral	
Favorite Hobbies/Sports/Interests:	

III. Coaching Information

Who Do You Most Admire and Why?
What Are You Most Pleased and Proud of Having Accomplished and Why?
What Are Your Personal and Professional Strengths?

What is Your Passion in Life? What Makes You Happiest/Most Fulfilled? What Do You Offer That Is Unique and/or Excites You?

What Are Your Personal Life Goals for the next 90 Days?

What Are Your Professional Goals for the next 90 Days? If Job Searching, What is Your Time Frame for this to Happen?

What Motivates You? Why Do You Do What You Do? Personally or Professionally?

List 10 Things That Make You Smile:

What Else Do You Want Me to Know About You?

What Goals Do You Have for This Coaching Relationship?

IV. Coaching Policies and Procedures

A. This is the Initial Structure of Our Coaching Relationship.

Number of Sessions per Month: _____ **Duration:** _____ **Minutes**

Coaching conducted: _____ **by Phone** _____ **in Person**

Initial Term: _____ **Months** **Start Date:** _____ **Renewal Date:** _____

Initial Session Date: _____ **Initial Session Time:** _____

Subsequent scheduling will be discussed and agreed upon.

B. Fee and Payment

Monthly Coaching Fee: \$ _____, paid in advance of the month to be coached.

Payment for coaching due:
_____ on 1st of Month _____ 15th of Month or _____

Please send payment to: Sherry Clarke, M.A.
13827 Bronco Place
Germantown, MD 20874

Please have payment arrive by the agreed-upon due date. A late payment fee of 5% will be assessed. If you wish to pay by credit card, complete the separate form enclosed.

C. Periodic Reviews

We will conduct periodic reviews of the coaching partnership:

_____ **Quarterly** _____ **Bi-Annually** _____ **Annually**

Call Arrangement: Our arrangement usually includes four calls per month.

Additional Contacts: In addition to the regularly scheduled calls per month, Client may call or e-mail me, if he/she needs advice, has a problem or can't wait to share a success. If you reach my voice mail, please leave a message and let me know, if you want me to call back. If you send an e-mail and want a quick response, please indicate that in the subject line. Otherwise, I will respond within 24 hours Monday through Thursday. Please limit the extra phone calls to 5 or 6 minutes.

Confidentiality: All interactions with you are kept strictly confidential. I may occasionally consult my own coach on your behalf, but that is the only exception. If I do, you will not be identified by name. Any other sharing would be with your permission.

Referrals: My practice fills by referrals. If you are benefiting from our relationship, please suggest my services to appropriate colleagues and friends. I know other coaches and their specialties and will suggest who would be appropriate for them, if I can not meet their requirements.

Results: You are responsible for producing results and your decisions are your own. My responsibility is to explore with you the opportunities and possibilities available. I will be your #1 advocate, cheerleader and coach and will assist you in building the life you want. I will respect your life choices.

Initial Focus of Our Work: _____

Call Policy:

- Call me at **301-515-1321** at our appointment time. If you get my voice mail, please hang up, wait one or two minutes, and call again - our clocks are not always synchronized.
- If *I* have to change an appointment, I will always reschedule it and make sure you have the call you paid for.
-
- If *you* need to cancel or reschedule the session, please give 24-hour notice. We will reschedule to a mutually acceptable time. Emergencies will be dealt with as they arise. Forgetting or just missing an appointed call are not emergencies. Missed appointments or non-emergency cancellations with less than 24-hour notice may be difficult to reschedule and will count as one of your scheduled calls.
- Client pays for long distance charges, if any.

Request: I request that you obtain access to e-mail, if you do not already have it. It will expedite and benefit our work together. Please ask me for information regarding same, if needed.

Termination: The Client may cancel at any time, though I appreciate two weeks' notice so we can have an effective closure. Cancellation must be in writing or by e-mail.

Coach Disclaimer of Liability

Client hereby employs Sherry Clarke as Coach for the purpose of advising and counseling Client with respect to Client's business and personal life, developing interpersonal relationships and setting and achieving the Client's goals. Sherry Clarke has experience in such matters and agrees to render such coaching services.

Client understands and Sherry Clarke agrees that she is not an employment agent, a business manager, a financial analyst or a medical doctor and that she has not promised, shall not be obligated to, and will not: 1.) procure or attempt to procure any employment, business, or sales for the Client; 2.) perform any business management functions such as accounting services, tax or investment consulting, or advice with regard thereto; or 3.) diagnose or prescribe for any medical condition.

Consent: I have read the above information and policies and have clarified any questions I have. I agree to the stated terms.

Client's Signature

Date

Sherry Clarke, MA, LCMFT, ACG

Date

Sherry Clarke, MA, LCMFT
301-515-1321
sherry@clarkecoaching.com