



Directions: Download the PDF form. Fill it in. Share a copy with your coach!

Name \_\_\_\_\_

Date \_\_\_\_\_

## 1. Critical Review of Your Business and Behaviors

### **What's working?**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### **What's not working?**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### **What do I need to add?**

1. \_\_\_\_\_

2.

**What should I stop doing?**

1.

2.

**What do I need to learn?**

1.

2.

2. Lead Generation

**Define how your company generates leads either department, personal or as a team.**

**How many leads do you generate?**

Per Day:

Per Week:

Per Month:

**What methods do you use to generate leads? (Select all that apply)**

Cold Calling

Email Campaigns

Social Media Outreach

Referrals

Networking Events

Other (Please specify):

**Which lead generation method has been most effective for you?**

**What area needs the most focus?**

3. Outbound Contacts

**How many outbound contacts do you make?**

Per Day:

Per Week:

**What challenges do you face in making outbound contacts?**

**What is your number one objection to an appointment?**

**What is your bait (hook) for securing an appointment?**

#### 4. Sales Conversion

**What is your current conversion ratio (leads converted to sales)?**

**What obstacles do you encounter during the conversion process?**

**What strategies do you use to improve your conversion rate?**

1.

2.

3.

#### 5. Commission/Sales Structure

**What is your average commission/revenue generated per sale or transaction?**

**Where do your highest transaction values come from?**

**Strategically, what can you do to increase your average commission?**

**Which segments of your book of business are unprofitable or challenging, and should be reconsidered or stopped?**

## 6. Work Hours

**How many hours do you work on average per week?**

1-20 hours

21-40 hours

41-60 hours

61+ hours

**What percentage of your work hours are highly effective?**

**Do you feel your current work schedule allows for an optimal work-life balance?**

Yes

No

**If not, what changes would help you achieve a better balance?**

## 7. Sales Tools & Resources

**Do you use a CRM system for tracking leads and managing customer interactions?**

Yes

No

**How effective is the CRM system in helping you manage your sales process?**

Very Effective

Somewhat Effective

Neutral

Somewhat Ineffective

Very Ineffective

**What additional tools or resources would help you improve your sales performance?**

## 8. Training & Development

**How often do you participate in sales training programs?**

Never

Rarely (1-2 times per year)

Occasionally (3-5 times per year)

Regularly (6+ times per year)

**How much time per week do you work on your business, not in your business?**

0 hours

1-2 hours

3-5 hours

6-9 hours

**What specific area of your business do you need to focus on and receive more training on moving forward?**

**Do you review your scorecard weekly, and is it in your calendar?**

Yes

No

**Do you have a monthly review of goals and key objectives in your calendar?**

Yes

No

## **Do you have a team?**

If so, do you have any hires you need to make or any restructuring that needs to happen?

If not, is it time to hire and if so what is the metric to measure when to do so?

## 9. Income and Savings Goals

1. Income Goal (Low):

2. Gross Revenue Goal (Low):

3. Units Required:

4. Leads Required:

5. Contacts Required:

6. Conversion Percentage:

7. Total Expenses:

a. People:

b. Rent:

c. Marketing:

d. Compliance: necessary?

e. Other:

8. Gross Revenue (Make on its own):

Minus Expenses Equals Profit:

9. Savings Goal:

10. Hours Worked Goal:

11. Family/Relationship Goal:

12. Giving Goal:

13. Vacation Goal:

14. Reading Goal:

15. Physical Goal:

## 10. Goals Recap

**Why are these goals important to you?**

**What would accomplishing these goals do for you and your family?**

**Is the work worth it?**

**What would prevent you from doing the work?**

**What habits or accountability can you put in place to stay on track?**

**Can you commit to the work required for the next 90 days?**

**Do you believe it's possible?**

**If not what goals or objectives do you need to change?**



## 11. Define Specific Short Term Goals

### **Top 3 measurable goals for next quarter with action for each**

1.

Action to take and measure:

2.

Action to take and measure:

3.

Action to take and measure:

## 12. Vision

Write out your 3 year and 5 year vision in paragraph form. Include **who** will be a part of it, how you will **feel** when you accomplish it and what about this vision and life **matters to you** in 3 and 5 years.

### **3 year vision**

### **5 year vision**

# IMPACT

ELITE COACHING

TOP <b>10</b> ITEMS TO IMPLEMENT	Speed of Implementation (Scale of 1-10)	Scale of Impact On Business	Total Score	Priority Order
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				