

Information Questionnaire

Please fill out the form completely and accurately. This information is essential to helping your consultant develop a program that addresses your needs and goals. Please provide 24 hours notice if you need to cancel or reschedule your appointment.

Name: _____

Phone: _____

Email address: _____

Developing your Program:

List your 3 biggest areas of need:

a. _____ b. _____ c. _____

What 2 areas need to be strengthened?

a. _____ b. _____

What are you currently doing?

Please circle when you prefer to meet:

MORNING AFTERNOON EVENING

Realistically, how often a week would you like to meet? _____x/week

Realistically, how much time would you like to spend during each session? _____

Based on your schedule, where would you like most sessions to take place?

Candy Factory, Home, Other location _____

What are the best days during the week for you to meet?

M T W T F S S

If you could design your own program, what would an ideal session look like to you? Please be specific.

Goal Setting:

How can I best help you? _____

1. Please list in order of priority, the goals you would like to achieve in the next 3-6 months?

a) _____

b) _____

c) _____

What do you think is the most important thing I can do to help you achieve your goals?

Outline what you feel are the obstacles or your potential actions, behaviors, or activities that could impede your progress towards accomplishing your goals

Outline 3 methods that you plan to use to overcome these obstacles:

a. _____ b. _____ c. _____