**Student Coaching Session**

Please complete the following questionnaire and submit back to me.

**Name**: **Date of Birth**: **Hour**:

**Place City/State**: **Phone**:

1. How would you describe yourself?
2. From 1 to 5 (5 being the highest) How happy are you:
3. 2 3 4 5

[ ]  [ ]  [ ]  [ ]  [ ]

1. Do you tend to procrastinate?

Yes: [ ]

No: [ ]

1. Do you need help achieving your goals?
Yes: [ ]

No: [ ]

I think so: [ ]

1. What do you think is stopping you from achieving your goals?
2. Do you feel supported?
Yes: [ ]
No: [ ]
3. What would you like to happen?
4. What does it mean to you?
5. Describe or explain where you are now with this?
6. How important is it to you?
7. Why?
8. How is it impacting you?
9. Looking back at time, what has worked for you in the past?
10. What else can you do?
11. How will you do that?
12. When will you do that?
13. How committed are you to the Coaching Sessions:
Very Much So: [ ]
Somewhat: [ ]
Not Sure: [ ]
I’m Not: [ ]
14. Who do you need to get involved?
15. What hobbies or activity makes you happy?
16. Name three things you have thought about studying.
a)

b)

c)
17. If you could achieve your dream; What is it?
18. Would you like to add anything else?

Please Complete as Best Possible. Avoid leaving anything in blank. Once completed
Please send to:

david@mentorcoachproject.com