

Clare E Steffen, Ed.D., N.D.

Phone: 541.221.3408

www.CoachingChoiceCollege.com

Trainee Data Form

Professional Coaching Training includes an initial extended evaluation of your strengths and areas in need of development, weekly telephone sessions, and perhaps email, telephone and fax communication. In-person meetings are also available. Arrangements may be made to focus Coaching on your writing, speaking, or other direct working observation venues.

Date: _____ Referred by: _____

Name: _____ DOB: _____ Age: _____

Home Address: _____

_____ preferred address

Occupation: _____

Business Name: _____

Business Address: _____

_____ preferred address

Home phone: _____ Business Phone: _____

Fax line: _____ E-Mail Address: _____

Preference for CS leaving messages: _____

Preferred means of communication: _____

Names of important people in your life (spouse, partner, children, friends, etc.):

Alternate Contact: _____ Other information you want me to know:

TRAINEE INTAKE FORM

Clare E. Steffen, Ed.D, N.D., BCC

Telephone: 541.221.3408

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A list of priorities and information about me:

1. I want to improve or expand/extend use of the following skills or develop and create the following components to my professional/personal life:

A.

B.

C.

2. I want to resolve the following challenges or problems, and develop my coach training in these areas:

A.

B.

C.

3. I want to eliminate the following tolerations (what I'm putting up with in my life/business now):

A.

B.

C.

4. I want to accomplish the following measurable or observable results:

A.

B.

C.

5. At this point, I think that I'd like to make these fundamental changes or shifts:

A.

B.

C.

6. What I want and need most from you, as my coach trainer, includes:

A.

B.

C.

7. What I know about my ability to make choices:

A.

B.

C.

8. Also, I want you to know that:

A.

B.

C.

PROFESSIONAL COACH TRAINING AGREEMENT

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I understand that I am working with Clare E Steffen, Ed.D., N.D. for professional wellness coach training at the agreed fee. The Core Competencies Manual, Chapters, and PowerPoints will be sent to you via Email upon receipt of payment. I am paying this retainer by cashier's check or Pay Pal prior to beginning wellness coach training. We will have standing scheduled times each week by telephone or meeting in person, as deemed most useful. Additionally, we may have other interim exchanges by telephone, vmail, email, or for review of faxed materials without additional charge. If there are special circumstances or events that require significant time or an additional session, we can renegotiate rates. All information will be held as confidential unless the client requests otherwise in writing.

Professional Coaching is distinctly different than counseling, psychotherapy, and psychoanalysis, and does not deal with the diagnosis or treatment of emotional problems. I am not under the medical care of Dr. Steffen, and she is not acting as a Psychologist, Addiction Counselor, or Counselor in this collaboration. Since Professional Coaching does not constitute medical consultation or treatment, any healthcare insurance does not apply.

A certificate of completion will be provided verifying 30 hours of training as recognized by The Center for Credentialing and Education (CCE). These training fees may be considered deductible business expenses.

Signature /Date

PROFESSIONAL COACH TELE-SESSION PREPARATION FORM

Clare E Steffen, Ed.D., N.D., BCC

Telephone: 541.221.3408

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Date: _____

Your weekly update is a way to prepare yourself to get the most out of our time together. These documents are a way to regularly monitor yourself, for us to track progress collaboratively over time and for me to review before our sessions.

Please email or fax this form by the evening prior to the day of our session. Periodically, it may not be convenient if you are traveling or have other disruptions, so we will also create a process to set the agenda verbally for each session at the beginning of our time together at each appointment.

1. What I have accomplished since our last session:

- ◆
- ◆
- ◆

2. What I didn't get done, but intended to do:

- ◆
- ◆
- ◆

3. Challenges and problems I am facing now:

- ◆
- ◆
- ◆

4. My best personal/professional opportunities now:

- ◆
- ◆
- ◆

5. Changes in life choices I would like to address now:

- ◆
- ◆
- ◆

Coaching Choice College Trainee Packet, Clare E Steffen, Ed.D., N.D., BCC 335 Main Street Springfield, OR
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