



PB COACHING EVALUATION

DATE: _____

NAME: _____ **NICKNAME:** _____ **D.O.B.** ___/___/___

What is your first thought in the morning? (most of the time)

What are you turn off's? (pet peeves)

What are you turn on's? (mental stimulation)

What is your driving force? (Reason to do the difficult things in life)

Describe your ideal day? _____

Goals: (name 3 small & 3 large goals you would like to accomplish)

What are your 3 favorite songs?

What was you best life experience? _____

What is your biggest fear? _____

What motivates you? _____

Are you a spiritual person? _____

One word to describe yourself? _____

What would you like to achieve with coach? _____
