

MEREDITH

COLLEGE

COACHING PLANNING FORM

Name: _____ Date: _____ Student ID: _____

Address: _____
(Include city, state and zip code).

Phone #: _____ Msg: Y N Cell #: _____ Msg: Y N

E-mail address: _____ Alternate e mail: _____
(MC is preferred)

The best way to reach me is: _____

GOALS

Future Visions/ Long Term Goals: (Where do you want to be? Graduate, graduate school, career, etc.)

Actions Necessary for Future Vision/Long Term Goals: (Complete courses, applications, etc.)

1. _____
2. _____
3. _____
4. _____

Short Term Goals:

Actions Necessary for Short Term Goals:

1. _____
2. _____
3. _____
4. _____

COACHING PRIORITIES

Indicate how important it is for you to address the following issues in coaching:

1= absolutely must address **2=** fairly important to address **3=** probably should address
4= not really important to address **5=** no need to address, I am a master

___ Time Management	___ Educational Issues	___ Organization	___ Financial Issues
___ Relationship Issues	___ Establishing Priorities	___ Communication	___ Making Decisions
___ Temper Control	___ Mood Control	___ Conflict Resolution	___ Ability to set goals
___ Vocational Issues			

What do you hope to get out of coaching? _____

SELF AWARENESS & UNDERSTANDING OF STRENGTHS AND LIMITATIONS

(The affects of the disability has on living and learning)

Strengths

Identify personal strengths you possess:

1. _____
2. _____
3. _____

What resources do you tap into on a regular basis?

1. _____
2. _____
3. _____

Behavior

Identify internal barriers (How do you get in your own way?):

1. _____
2. _____
3. _____

Identify strategies to overcome barriers:

1. _____
2. _____
3. _____

Environment

Identify exterior barriers (environmental and other distractions, etc):

1. _____
2. _____
3. _____

Identify modifications (things to aide you in overcoming barriers):

1. _____
2. _____
3. _____

Current Structures:

Daily calendar/homework tracking system: _____

Organization of study space (home & school): _____

Organizational difficulties (getting home in, interpreting directions, etc): _____

Specific Coaching/Actions you are willing to take NOW:

1. _____

2. _____

3. _____

CARING FOR MYSELF

How do you care for yourself in healthy ways? _____

Nutrition: _____

Substance use (caffeine, alcohol, nicotine): _____

Sleep Patterns: _____ Hrs. sleep needed: _____ Actual hours received: _____

Exercise types: _____ Frequency: _____

Social/Emotional supports: _____

Stress reduction activities: _____

Identify the things that make you happy (How do you relax? What brings you pleasure?):

