

*Saving Grace Teaching*  
*Your Path To Living An Extraordinary Life!*

Life Coaching Services

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Information (please include phone # and email address):

\_\_\_\_\_

When is the best time for you to meet with your coach?

\_\_\_\_\_

Please complete the following questions and return this form to  
623-321-6145 or [coaching@savinggraceteaching.com](mailto:coaching@savinggraceteaching.com)

1.) What is your major objective/outcome in working with a coach?

\_\_\_\_\_

\_\_\_\_\_

2.) What stops you from having this desired outcome now?

\_\_\_\_\_

\_\_\_\_\_

3.) What resources do you have in place now, which could support or contribute to your desired outcome?

\_\_\_\_\_

\_\_\_\_\_

4.) How will this change affect those around you?

\_\_\_\_\_

\_\_\_\_\_

5.) Are you willing to change limiting belief systems or old patterns in order to obtain your desired outcome?

\_\_\_\_\_

\_\_\_\_\_

6.) If money or time were not an issue, what would you most want to study, practice or master?

\_\_\_\_\_

\_\_\_\_\_

7.) What kinds of needs, opportunities, activities or ideas really motivate you and seem to give you energy?

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\_\_\_\_\_

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8.) What do you think or dream about when you lie awake at night?

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9.) How many hours a day do you think you engage in unproductive activities (does not just pertain to "work" hours, this includes negative self talk, destructive habits, etc)

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10.) Do you set clear and measurable objectives for yourself?

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11.) Is your time so tightly scheduled that you feel under pressure or stressed?

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12.) Do you have a hard time delegating or saying no?

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13.) How do you manage or set healthy boundaries?

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14.) Out of the 4 examples, which one would your best friend or spouse describe you as?

- 1.) Straight To The Point
- 2.) Born Salesperson
- 3.) Steady & Dependable
- 4.) A Number Cruncher

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15.) Complete the following Complete the following "Wheel of Life". Fill in the percent of were you see your life now. (insert)

