

COACHING WITH IMPACT®

PORTFOLIO OF EVIDENCE



Client Summary Form: Date: _____ Client Name: _____

1) Top 5 Personal Core values:

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

2) Passion Statement:

I am the _____

 That _____

3) The DISC Style they operate from:

D	I	S	C
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4) List their management & Leadership style

	Autocratic
	Authoritative
	Democratic
	Uninvolved

5) Toxic Behaviour:

	Stonewalling
	Defence
	Contempt
	Criticism

6) Name the change or shock you are/have coached your client through:

7) Which of the 10 TQ are they working on:

Energy	
Mission	
Attitude	
Set Goals	
Make Plans	
Prioritize	
Synergize	
Organized	
Optimize	
Act Now	

Coaches Name:

Coaches Signature:

I declare the information to be accurate & true.