

Coaching session evaluation

Name: _____

Date _____

Looking back over the past week/s, including today, help us understand how the coaching sessions/s are working for you by rating the following areas:

Things have not changed at all	Things have changed significantly
We didn't work on the things that are important to me	We worked on and talked about what I wanted to
The approach used was not a good fit for me	The approach used was a good fit for me
There was something missing in today's session	Overall, today's session was right for me
This session will make no difference to my situation	Today's session will make a difference in my situation

1. How achievable do you feel your goals are?

0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10
 Not at all Extremely

2. How motivated are you about the goals you have set?

0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10
 Not at all Extremely

3. Any other comments?

Thanks for your feedback