

# Coaching Teens and College Students with ADHD

## Coaching Goals

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

*Directions:* This form is to be completed by the client prior to the first meeting. The coach and client will review the information together during the intake session.

Please rate what your coaching goals are in the following areas:

Not at All Important		Neutral		Extremely Important
1	2	3	4	5

### HEALTH

- Nutrition & Weight
- Fitness & Exercise
- Stress & Relaxation

### FINANCES

- Income
- Savings
- Bills

### SELF

- Personal Hygiene
- Medical & Dental Care
- Clothes
- Friends/Emotional Needs & Support
- Spiritual Needs
- Communication & Personality Traits

### WORK/SCHOOL

- Time Management
- Contract/Job Description
- Organizational Skills
- Goals & Objectives
- Energy Commitment
- Job Matches Skills, Talents & Interests

### FAMILY

- Nuclear Family Members-Relationships
- Extended Family Members-Relationships

### HOME ENVIRONMENT

- Inside – Organization, Space, Privacy, Other Needs
- Outside – Landscaping, Space, Maintenance & Repair

### SOCIAL

- Holidays & Vacations
- Community Activities
- Hobbies & Fun
- Friends
- Developing Social Skills

### ADDITIONAL GOALS

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____