



## Here's what you need to know about your Accomplishment Coaching sessions...

This summary is an overview of some of the policies, procedures and practices of Accomplishment Coaching. Please read it through carefully, so that you can be responsible for getting the most out of your coaching.

### **ABOUT SESSIONS**

A session is scheduled for approximately sixty minutes. Sessions are generally at a previously agreed time and day. The coaching session is via telephone, or as mutually agreed in advance. Some limited times for brief and urgent between-session telephone consultations are provided. However, the time set aside for the session is the only specific time that you are guaranteed that your coach will be available.

### **CANCELLATION OF A SESSION**

From time to time, circumstances may require that a session be re-scheduled by either the coach or the client. As availability is limited, advance notice of cancellations is required to re-schedule. **A session that is not canceled with a minimum of twenty-four hours notice may not be re-scheduled, based on availability.**

Any session where notification is provided will be re-scheduled, as time permits. These re-schedules are more numerous during busy holiday seasons, so your flexibility and advance notification are appreciated.

### **CONFIDENTIALITY**

Your coaching is kept in the strictest professional confidentiality. Of course, law does not protect the confidential communication between coach and client, as our staff is neither health care professionals nor legal professionals. From time to time, Accomplishment Coaching may request your permission to record a session or allow another coach to participate in the session, for training purposes. These recordings or participation are not used for any purpose other than training and are kept confidential.

Your coach will only have to suspend this confidentiality agreement in the following cases:

- You report imminent suicidal or homicidal ideation.
- You report abuse or neglect of a child, dependent or older adult.
- Your coach is ordered by a court of law to do so.
- You report anything that causes the coach concern for the health and safety of you or others.

In addition, your coach may apply for a coaching credential that requires them to disclose client names and contact information as evidence of coaching experience. This disclosure is only done with an international accrediting body that has the same ethics and confidentiality agreements. By signing below, you are giving permission for your coach to provide this information solely for the purpose stated and to be contacted by the credentialing body for verification, if requested. This information is held in the strictest confidence and you are not required to reveal anything you do not wish regarding the content of your coaching.

In summary, you can count on your coach to uphold the highest standards of ethics and confidentiality.

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## **COPYRIGHT PROTECTION**

Enclosed, please find a proprietary materials agreement for your signature. The coaching concepts, materials and information are property of Accomplishment Coaching and contain copyrighted material. You are asked to agree that you will not use or reuse our materials for any financial gain or otherwise distribute or remarket to any third parties. You are forbidden to reproduce the materials, etc., without the express written permission of Christopher McAuliffe and Accomplishment Coaching.

## **FORMS**

Please fill out your forms completely and return them as quickly as possible. Enclosed, you will find the following forms, which require your attention and signature:

- Here's what you need to know about your Accomplishment Coaching Sessions
- Client Information Form
- Client Service Agreement
- Client Profile Form
- Client's Intended Results
- Life Questionnaire
- What You Can Count On

## **HEALTH AND WELL BEING**

Please note that you are responsible for your health and well-being at all times during coaching, as in every other area of life. If you have any questions with regard to your ability to participate in coaching, please consult your doctor or health professional prior to the start of your coaching. Accomplishment Coaching will provide whatever information is needed to assist you.

Accomplishment Coaching is designed to provide access to power and freedom in your life. We do this through distinguishing the things that either stop you or are inconsistent with the results you are committed to producing. Coaching is not therapeutic in nature or design. Coaching is neither health care nor rehabilitation, nor is coaching anything medical in nature. Neither is coaching designed to be curative, healthful, or even remotely linked to your physical or mental well-being. It is simply a guided conversation with recommended actions. If you have health or well-being concerns, we recommend that you consult a health professional. If you have any questions about this, please consult with your health professional prior to the start of your coaching.

## **PAYMENT**

Please ensure that you send in any current balance due. We accept checks, Visa, MasterCard, Discover, American Express and money orders. A fee of \$35 will apply for NSF checks.

Please make checks payable to: Accomplishment Coaching

Memo: Clients Name, Coach's name

Mailing Address for checks: Finance Department  
3585 5<sup>th</sup> Ave. Suite 100  
San Diego, CA 92103

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## REFUNDS

Coaching is, by design, a confronting process. At times, a client may feel that they are unable or unwilling to move forward in a project, as fear or discomfort arises. While your coach understands that this may be a normal part of the process, we are committed that you deliver results on your projects and not be stopped by your fears or concerns. We cannot and do not offer refunds of any monies paid. Simply, the coaching relationship is a professional engagement. Once your fees are paid, the services are available. Of course, you are free to cancel the engagement at any time, with thirty days' written notice. This notice gives your coach time to complete the progress to date and ensure that you are set up powerfully to move into what is next for you.

## WHAT TO BRING

You are not required to bring anything to your coaching sessions. We recommend that you bring paper and pen, along with your previous notes, and anything you may need that helps you to be comfortable and focused.

I understand and agree to comply with Accomplishment Coaching's policies as stated above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Confidential Client Information Form



Today's Date		
Client's First Name		
Your Mailing Address		
City	State/Province	Zip/Postal Code
Your Date of Birth		
Your Gender Identity <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X		Your Preferred Pronouns
Your Occupation		
Your Employer		
Employer's Address		
Employer's City		
Your Relationship Status		
Your Spouse/Partner's Name		
Your Home Telephone		Your Fax Number
Your Mobile Phone Number		
Your Voice Mail Number		Your E-Mail Address
Your Work Telephone		May we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
In an Emergency Contact		Emergency Contact Number
How did you hear about us?		

# Confidential Client Profile

For Your Coach only. Please answer all questions as completely as you are willing. Do not hesitate to ask any questions which arise for you.



Name	
Address	
Home Phone	E-mail
Mobile Phone	Work/Other Phone
Fax	Date of Birth
Relationship Status	
Please tell us with whom you live	
Please tell us about your significant other	
Please tell us about each of your parents	
Were you adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, do you know your birth parents? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How many members in your immediate family?	
Please tell us about your siblings	
Please tell us about your children	
Have you ever been hospitalized for medical or emotional reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is important to know about the experience?	
Have you ever been in an Accident or Other Traumatic Experience? (e.g., Natural Disaster, War, Violent Crime, Etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain	
Have you or your family members ever been arrested for and/or convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain in detail, including dates and the disposition of the case	
Have you or any of your family members ever been sexually molested or physically abused? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, who and how many years ago?	
If yes, do you still feel affected by this? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain	
Have you and/or any members of your immediate family ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, who and what year?	
Have you and/or any member of your immediate family ever served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If yes, who and what year?
Has any family member or close friend died within the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide name and relationship (family/friend)
How close were you? <input type="checkbox"/> Very <input type="checkbox"/> Not Very <input type="checkbox"/> Not Close
How many times have you moved in your life?
How many times in the past year?
Are you and/or any members of your immediate family currently in therapy and/or under the care of a doctor or other medical professional? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain
Have you or any member of your immediate family had difficulties with alcohol, drugs or eating disorders? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain, including, if family member(s), who were they?
How did this impact your life?
Is there anything in your life that does not serve you that you might have difficulty giving up or letting go of? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is it?
What do you do for yourself, and how often, in the following areas:
Spirituality
Mentally
Emotionally
Physically
Nutritionally
What in your life have you not been acknowledged for?
What are your weaknesses?
What are your strengths?

THANK YOU!

# Intended Results



Client's Name

Coach's Name

Please list below the objectives, end results and measurements of success that you would like to have by the time we finish working together.

Objective 1
Measurement of Success
Objective 2
Measurement of Success
Objective 3
Measurement of Success
Objective 4
Measurement of Success

SAMPLE WELCOME

# Life Evaluation Questionnaire



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

**Please add whatever degree of clarification you like. Of course, all responses are held in the strictest professional confidentiality.**

**Please rate your life in the following areas, where 0 is low and 10 is high.**

What is your experience of your own:	
A. Well-Being – Physical Body	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
B. Well-Being – Emotional	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
C. Well-Being – Mental	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
D. Well-Being – Spiritual	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
E. Financial Freedom/Security	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
F. Family Relationships	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
G. Friendships	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
H. Romantic Relationship	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
I. Career Achievements	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
J. Environment – home	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
K. Environment – work	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
L. Overall Satisfaction	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
M. Service to others	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
N. Joy	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
O. Guilt	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
P. Success	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
Q. Generating your life vs. reacting to the circumstances of life	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
2. What is working about your life?	
3. What would your life look like if it were your dream life?	
4. What is stopping you from doing or achieving what you are committed to in life?	
5. What is (are) your biggest challenge(s) in life?	
6. What are the five critical success factors of your life (if these areas were handled, your life would be a success)?	

# What You Can Count On

THE COACHING AGREEMENT IS BASED ON CERTAIN GROUND RULES.



**The Person being Coached makes the following promises, which include, but are not limited to, the notes after the hyphens:**

1. To show up, on time, for all coaching appointments. To communicate any tardiness to the coach before the scheduled appointment start time. To provide 24-hour prior notification, whenever possible, for any cancellation and re-scheduling.
2. To be “coachable” - To take the actions and practices given between coaching sessions, to the best of their ability. To empower the coaching, along with any other input they receive.
3. To create a powerful partnership - To make payment on time, or early. To be in full communication about everything pertinent in the client’s life, including breakdowns. To be at cause in their own life in the project areas.

## The Coach Promises:

1. To Show Up – To be available for all coaching appointments. To communicate at once any scheduling conflicts or breakdowns, and to be responsible for re-scheduling due to these.
2. To Relate to the Client as Their Greatness – No matter the circumstances, the feelings that the client is experiencing, or the results that the client is creating.
3. To listen powerfully, from a place of co-designing the life of client’s dreams, NOW.
4. To provide access to possibility, new ways of being, and alternatives to “business as usual.”
5. To provide a suitable and workable gradient for the client to achieve their goals.
6. To unequivocally alter the client’s life experience.
7. To provide tools and distinctions that add velocity and power to the areas of life the client identifies.
8. To be committed to the client’s winning in life.
9. As available - to be available for “spot coaching” between sessions for urgent issues and breakdowns.

Client’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Coach’s Signature \_\_\_\_\_ Date \_\_\_\_\_