

FORM TO INITIATE COACHING

Please complete, scan and email to Christine Osgood, Director Center for Wellbeing. osgchr@bethel.edu

YOUR INFORMATION:

NAME: _____ DATE: _____

EMAIL: _____ OFFICE PHONE: _____ MOBILE PHONE: _____

ADDRESS: _____

CIRCLE ONE: FACULTY STAFF HOW DID YOU BECOME AWARE OF THIS RESOURCE? _____

PLEASE LIST YOUR TOP 5 STRENGTHS THEMES: _____

DESCRIPTION OF SITUATION:

WHY ARE YOU WANTING COACHING AT THIS PARTICULAR TIME?:

OTHER PARTY INVOLVED:

NAME: _____ EMAIL: _____

OFFICE PHONE: _____ CIRCLE ALL THAT APPLY: FACULTY STAFF PEER MY SUPERVISOR MY SUPERVISEE

HAVE YOU AND YOUR COLLEAGUE DISCUSSED PARTICIPATING IN THIS COACHING SERIES? YES NO

IF YES, WHAT WAS YOUR COLLEAGUE'S RESPONSE?:

IF NO, WHY HAVE YOU NOT DISCUSSED THIS OPTION WITH THEM?:

ARE YOU DESIRING TO ENAGE COACHING **WITHOUT** THE OTHER PERSON'S INVOLVEMENT? YES NO

DO YOU GRANT PERMISSION FOR THE COACH TO CONTACT THE OTHER PARTY INVOLVED? YES NO

DURING WORK HOURS, WHEN ARE YOU MOST AVAILABLE FOR COACHING APPOINTMENTS?

ASSIGNED COACH: _____ FIRST SESSION FOR _____ IS ON _____

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