

CLIENT FORM: Coaching Agreement

Please sign and email to jill@seedsofchangecoaching.com or fax to 732-751-4412

CLIENT RESPONSIBILITIES

I agree to call my coach on scheduled days, on time, for our coaching sessions. If I cannot make a scheduled appointment, I will call at least 24hours ahead of time to cancel.

If I am more than ten minutes late with calling, the session will be cancelled and rescheduled or continue minus the minutes lost. I understand that rescheduling a call due to lateness is not preferred and I will make every effort to call on time for my sessions. If lateness or 'no show/no call' occurs more than once, I understand that I will be charged for the session.

I will email a completed call focus form the day before my scheduled coaching sessions. If I don't email the form, I will give thought to what I'd like to be coached around for the session to maximize the use of my coaching time.

I accept full responsibility for myself and my actions resulting from the process of coaching.

I understand that during the coaching process I will be doing most of the work, not my coach.

I agree to not take legal action against Seeds of Change Health & Wellness Coaching or Jill Garaffa based on any issues resulting from the coaching relationship or the performance of my coach.

Print Name

Signature _____

Date	
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Please print and keep this for your records.

COACH RESPONSIBILITIES

I agree to serve as your coach, in partnership, to assist you in achieving your personal goals. My focus is on you as person, not on any roles or labels that may define parts of you.

I agree to share with you what I see and sense with your life situations and offer objective & non-judgmental feedback to help you gain clarity.

I agree to offer suggestions and insights that may assist you with moving forward in achieving your goals. Sometimes, these suggestions may include asking you to take action steps to move forward. Expect me to challenge you at times and invite you to see a different perspective.

I am not trained as a psychotherapist, so will refrain from offering any advice. If an issue comes up for you that would be better handled by a professional, I will be happy to make a referral.

I will respect and maintain your confidentiality.

If issues arise that go beyond the scope of my coaching expertise, I will recommend resources as necessary as your situation requires.

Print Name JILL GARAFFA, OTR / L, CPC

Signature _____