

Career Coaching

Leslie
DR. LESLIE KORN

Client Name _____ **Date** _____

Client Information

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ Work _____

Cell _____ E-mail _____

Date of Birth _____ Gender _____

Employer _____ Occupation _____

Marital Status: ☐ Single ☐ Married ☐ Partnership ☐ Divorced ☐ Separated ☐ Widowed

Spouse/Partner Name _____ # of Children _____

Emergency Contact _____

Define 3 goals for your next steps in your career

Define 3 strengths you have to achieve your goals in this process

Define what you currently experience as 3 obstacles to achieving these goals

Identify what you hope to achieve with Career Coaching

Short term

Long term