

Getting to Know You

There are no right or wrong answers. Share only what feels relevant and comfortable. You may skip optional questions.

Legal name

Preferred name and pronouns (optional)

Date of birth

Email address

Phone number

Current living situation (optional)

Who initiated coaching?

☐ I did

☐ Family member suggested it

☐ Professional suggested it

☐ Other

What would YOU like help with through coaching?

If coaching helped, what would be different three months from now?

Employment, Education & Future Plans

Current work situation

- | | |
|---|--|
| ☐ Full-time employment | ☐ Part-time employment |
| ☐ Not currently employed | ☐ Self-employed / other |

Employer, role, or current work situation (optional)

What do you enjoy about your work, studies, or daily activities?

What challenges do you experience at work or school?

If not currently working, are you:

- | | |
|--|--|
| ☐ Looking for work | ☐ Considering looking |
| ☐ Not looking right now | ☐ Unsure |

Current or planned education/training

- | | |
|--|---|
| ☐ College / university | ☐ Community college |
| ☐ Trade / vocational school | ☐ Certificate / other training |
| ☐ None currently | |

What are you studying or interested in exploring?

Are accommodations or supports in place at work or school? What is helpful or missing?

Neurodivergence, Strengths & Supports

How do you identify? (Optional; select any that apply)

- | | |
|---|---|
| ☐ Autistic | ☐ ADHD |
| ☐ AuDHD | ☐ Exploring / self-identifying |
| ☐ Not formally diagnosed | ☐ Prefer not to answer |

Age at diagnosis, if applicable (optional)

Are there health considerations, medications, or other supports you would like your coach to know about? (Optional)

What previous coaching, therapy, school, or community supports have you tried? (Optional)

What do you understand about your neurodivergence? What do you wish others understood?

What are your strengths, interests, hobbies, or activities that bring you joy?

What communication, sensory, or accessibility preferences would help you feel comfortable in coaching?

Executive Functioning & Daily Life

For each area, share what is going well, what is challenging, and any strategies that already help.

Starting, prioritizing, and finishing tasks

Time management, organization, remembering responsibilities, and routines

Transitions, unexpected changes, sensory needs, and managing energy

Emotional regulation, stress, autistic burnout, and self-care

Money management, appointments, relationships, and independent living

Which three areas would you most like to focus on first?

Well-Being & Coaching Priorities

Is alcohol or drug use something you would like your coach to be aware of or discuss? (Optional)

☐ No☐ Yes☐ Prefer not to answer

If yes, is there anything you would like to share about how it affects your well-being, daily life, or goals? (Optional)

Areas you would like to work on (select any)

☐ Independence / life skills☐ Routines / motivation☐ Communication / relationships☐ Self-advocacy☐ Social energy / sensory needs☐ Executive functioning☐ School / employment☐ Emotional regulation / burnout☐ Career / future planning☐ Other

What is your most important goal for our first few sessions?

What strategies or supports have helped in the past?

Anything else you would like your coach to know?

Client signature (type your name)

Date