

How Our Partnership Will Work

My Clients Are Extraordinary People

My clients are intelligent, vibrant, kind, successful and well people whom it is my genuine good fortune to serve.

The Roles of Coach and Client

I am a trained professional coach not a licensed therapist and will not attempt to provide diagnosis or treatment. I will tell you what I want for you, but our coaching relationship is always about **YOUR** agenda. I will listen, reflect, ask questions, share perspectives and options. I support you to find and foster your own path. I believe that you always know what is best for you. We are peers.

As my client, I ask you to show up prepared and present for each session, pay attention to what has heart and meaning, tell the truth without blame or judgment and be **open to outcome rather than attached to outcome**.

Extra Time

Between sessions, if you need to ask questions, tell your story or bounce some ideas around, please email me or call 231-668-1111. I do not bill for this time, but please keep these calls to 10 minutes.

Communication

Please share with me your stories, your wins, your disappointments, anything you like, as well as your coaching experience. I want to know what works and what does not work. Often it is the small moments that bring about BIG changes.

Client Data & Coaching Agreement

Please complete this agreement, review the terms, sign and Fax to 231-271-9050 along with your completed credit authorization. Thank you.

Client Data:

Name _____ Partner's Name _____

Address _____

Day Phone _____ Evening Phone _____

Fax _____ E Mail _____

Birthday _____ Children (Names & ages) _____

Occupation _____ Employer _____

Fees: \$490.00 for 3 sessions each month

Session Day: Monday Tuesday Wednesday Thursday Friday

Session Time: _____ am pm PT MT CT ET

Duration: Approximately 45 minutes per session

Procedures:

- Call 231-668-1111 for our sessions
- If you call and get my voice mail, please call back after one full minute.
- Please do not leave a message and wait for me to call you back.

I understand that I am working with Shann Vander Leek for professional life coaching at the agreed fee. Professional coaching is distinctly different from counseling, psychotherapy or psychoanalysis and does not deal with the diagnosis or treatment of emotional problems. Since professional coaching does not constitute medical consultation or treatment, health insurance does not apply. These fees may be considered deductible business expenses.

Client Signature _____

Date _____

Coaching Session Questions

How do you want to invest your time?

To get the most out of each coaching session, take a moment to consider how you want to use your time with me in our next session. One day prior to our next session please email the answers to these questions and any other information you'd like to share.

- What is your agenda for today's session?
- What feelings, breakthroughs, insights or changes in belief have you had since we last spoke?
- What are the biggest personal or professional concerns you are facing now?
- What have you accomplished since the last call regarding your current projects or goals?
- What action are you ready to take now?
- Is there any feedback you want to share with me?

Thought Provoking Questions

Please take the time to answer these questions. Write freely and honestly.
Fax or email your responses to 231-271-9050 or shann@truebalancelifecoaching.com

1. What are your strongest beliefs about yourself and the world right now?
2. What gifts do you have that you'd like to make available to the world?
3. When in your life did you feel most creative?
4. What are the greatest accomplishments of your life?
5. What is the most important lesson you have learned in your lifetime?

Getting The Most out of Your Coaching Experience

Please make our sessions a priority and come to each session with an agenda.

- Take time to relax and be ready to talk.
- Do your homework between sessions. Use what you learn and complete what you agree to do.
- Get to know yourself as you are now and ask yourself to change to become who you want to be.
- Be willing to change your beliefs if they do not serve you anymore.

Fees

- My fee is \$490.00 per month payable by the first of each month.
- To set up a monthly credit or debit card payment, please fill out and return the enclosed form.
- I will accept Pay Pal for coaching fees.
- If you prefer to send a check each month, please address your check to Shann Vander Leek and mail to me at P.O. Box 372, Suttons Bay, MI 49682
- Please consider including my fee in your monthly budget.

I permit no more than one late payment (if not received by the 5th day of the month) per calendar quarter. The exception is for single sessions arranged as needed. If you cannot adhere to this policy, I will ask you to find another coach. However, if we discuss another arrangement openly, I will be flexible.

Session Procedures

- Please call me at 231-668-1111 for our sessions.
- If you call in and get my voice mail, please call back after one full minute as I might be finishing up with another client.
- Please do not leave a voice mail message and wait for me to call you back. I might not receive your message between clients.

Schedule Changes/Vacations/Business Trips

Please give your call high priority and arrange your schedule to honor our agreed upon time. If you must reschedule our call, I ask you give me 24 hours notice. In any case, let me know as soon as you can. I will not reschedule no call / no shows. If you have vacation or business trips that will conflict with our sessions, please notify me of these as soon as you have an itinerary and we will reschedule. I will do the same with you when I plan trips.

I'm looking forward to our Coaching Partnership!

Credit/Debit Card Authorization

I authorize Shann Vander Leek, to charge my credit/debit card for the amount shown for services or programs as noted below until I terminate the authorization in writing.

Client Name: _____

Name on Card: (if not the same as above) _____

Billing Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Card Number: _____

Expiration Date MM/YY: _____

\$ Amount: \$490 per month

Card/Transaction Type
Please Circle One

Visa

Mastercard

Authorized Signature _____ Date _____

Please fax or mail this form to:

Shann Vander Leek
True Balance Life Coaching, LLC
P.O. Box 372
Suttons Bay, MI 49682
231-271-9050 (fax)