

iACTcenter

Coaching Agreement Month to Month

Client Coaching Agreement:

Please fill in the following information and return to me at or before our first appointment. All personal information will be held in the strictest confidence.

Name: _____

Address: _____

Residential Phone: _____ Cell phone: _____

Email Address: _____

Fee: \$800 for one month, four weekly, one hour sessions.

I agree to the following:

1. I agree to make an initial 1 month commitment to be coached which includes four one hour weekly sessions per month. Coaching is to take place over four consecutive weeks.
2. I understand that my fee is due at the beginning of each month. I understand that my coaching will not occur until my payment is made and failure to make a payment may forfeit my regularly scheduled appointment day and time and incur late fee of \$25.
3. I will be on time for my session to the best of my ability and will call and give 24 hours notice if I need to cancel my session and/or reschedule. I understand that if I am more than 10 minutes late, or miss a session without prior notice, I will be charged for this session and it will not be "made up".
4. I understand that the purpose of being coached is to assist me in goals related to my professional, academic and/or personal development. Coaching is not therapy and focuses on learning, skill development, planning and enhancement of personal growth.
5. I agree to keep an open mind, be willing to try new behaviors and experiment with new ideas.
6. I give my coach permission to be honest, direct, supportive and to challenge me during our coaching.

Signed: _____ Date: _____

Permission to be listed as a Client for Certification Purposes

I give permission for Laurie Dupar to list me as a client including the number of hours of coaching received. I understand that this information will be held in the strictest confidence and used solely for the purpose of her Coach credentialing by the International Coach Federation (www.coachfederation.org) and will not be shared with any other individuals or agencies.

Signed: _____ Date: _____