



# Welcome Aboard!

<i>I am filling in this form on behalf of the person to be coached.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>I am the person to be coached and I am filling in this form myself.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>First Name of person completing form:</i>	<i>Last Name of person completing form:</i>
<i>Email of person completing form:</i>	
<i>Name of person to be coached (if different from above):</i>	<i>Age:</i>
<i>Email of person to be coached (if different from above):</i>	



## Help me get to know the person to be coached a little.

<i>Are you currently a student?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I will be attending school.	<i>Are there challenges . . .</i> <input type="checkbox"/> At school <input type="checkbox"/> At work <input type="checkbox"/> At home <input type="checkbox"/> Other
<i>Living Situation:</i> <input type="checkbox"/> Live in 1 home <input type="checkbox"/> Live in 2 homes <input type="checkbox"/> Live with parents <input type="checkbox"/> Have roommates <input type="checkbox"/> Other	<i>Services/Supports Accessed:</i> <input type="checkbox"/> None yet <input type="checkbox"/> Doctor <input type="checkbox"/> Counselor <input type="checkbox"/> Pediatrician <input type="checkbox"/> Psychologist <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Tutor <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Coach <input type="checkbox"/> School Accommodations, 504 Plan <input type="checkbox"/> Individualized Education Plan (IEP) <input type="checkbox"/> Other

<p><b><i>Current Diagnosis:</i></b></p> <p><input type="checkbox"/> None yet</p> <p><input type="checkbox"/> ADHD mainly hyperactive-impulsive</p> <p><input type="checkbox"/> ADHD mainly inattentive</p> <p><input type="checkbox"/> ADHD combined inattentive, hyperactive and impulsive</p> <p><input type="checkbox"/> Executive Function Disorder</p> <p><input type="checkbox"/> Anxiety                      <input type="checkbox"/> Depression</p> <p><input type="checkbox"/> Bipolar Disorder    <input type="checkbox"/> Learning Disability</p> <p><input type="checkbox"/> ASD (Autism Spectrum Disorder)</p> <p><input type="checkbox"/> PTSD (Post Traumatic Stress Disorder)</p> <p><input type="checkbox"/> OCD (Obsessive-Compulsive Disorder)</p> <p><input type="checkbox"/> Behaviour Disorder (Conduct Disorder, ODD)</p> <p><input type="checkbox"/> Other (please list below)</p>	<p><b><i>Currently taking medication for any diagnoses?</i></b></p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p><input type="checkbox"/> Have taken medication in the past.</p> <p><input type="checkbox"/> May take medication in the future.</p>
<p><b><i>Coaching Sessions: best days</i></b> (select 2 or more options)</p> <p><input type="checkbox"/> Monday                      <input type="checkbox"/> Tuesday</p> <p><input type="checkbox"/> Wednesday                      <input type="checkbox"/> Thursday</p> <p><input type="checkbox"/> Friday</p>	<p><b><i>Coaching Sessions: best times</i></b></p> <p><input type="checkbox"/> Morning (8am to 12 pm)</p> <p><input type="checkbox"/> Afternoons (1pm to 4pm)</p> <p><input type="checkbox"/> Evening (5pm to 7pm)</p>
<p><b><i>Platforms that work well for you:</i></b></p> <p><input type="checkbox"/> Google Drive</p> <p><input type="checkbox"/> Google Classroom</p> <p><input type="checkbox"/> Microsoft Teams</p> <p><input type="checkbox"/> Other</p>	<p><b><i>If you attend school, what platform does your school use?</i></b></p>



**Tell me a little about what you hope to achieve with coaching.**

(Use the back of this form if you need more space!)