**Coaching Skills Practice Session Records for LCS-L3**

(reproduced by kind permission of Network Training)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Coachee:­  (initials only) | | Date: | Limits of ability: Y/N | |
| Confidentiality limits: Y/N | |  | Session time: Y/N | |
| Theme for coaching: | | Desired goal from coaching: | | |
|  | |  | | |
| Questions asked Responses | | | | |
| GOAL  REALITY  OPTIONS  OBSTACLES  WAY FORWARD  WILL RATING  1-10 |  | | |  |
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|  | | |  |
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| Actions to be taken:  Signposting or referral? Y/N (detail) ……………………………………………………………………………………………………  Date of next meeting………………………………. Signature of coach……………………………………………………………… | | | | |

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| Questions asked Responses | | | | |
| GOAL  REALITY  OPTIONS  OBSTACLES  WAY FORWARD  WILL RATING  1-10 | In simple language, what is your goal?  How manageable do you think your goal is? | | |  |
| What experience of this do you have already?  How many times have you tried to achieve this before? | | |  |
| What are the steps you think you could take?  Which of these is most attractive? | | |  |
| What could stand in the way of you reaching your goal?  Why might this be? | | |  |
| What do you think could be your very first step?  When do you think you can take it? | | |  |
| How committed are you to taking this step. Please rate it 1-10.  How can you increase this number? | | |  |
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| Questions asked Responses | | | | |
| GOAL  REALITY  OPTIONS  OBSTACLES  WAY FORWARD  WILL RATING  1-10 | How do you know that this is a goal you really want?  How could achieving this goal change your life? | | |  |
| What has helped and hindered you in your efforts so far?  What is your past experience of achieving goals? | | |  |
| What are the choices you have to make to start on reaching your goals?  Which of these is most appealing? | | |  |
| What would prevent you from taking action?  How might you deal with this? | | |  |
| What is your first step towards your goal? Who might be your witness to this in support of you? | | |  |
| How motivated are you to taking this step? When will you take it? Be precise with your date and time of day. How will you acknowledge it? | | |  |
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|  | |  | | |
| Questions asked Responses | | | | |
| GOAL  REALITY  OPTIONS    OBSTACLES  WAY FORWARD  WILL RATING  1-10 | In simple language, what is your goal?  What might you gain or lose if you achieve this goal? | | |  |
| How many times have you tried to achieve this before?  What might happen if you get stuck? | | |  |
| What are the ideas you have for moving towards it?  If I said you could choose only one, what would you choose and why? | | |  |
| What risks could there be in taking this option?  How might you reduce them? | | |  |
| What do you think could be your first step?  What resources will help you? | | |  |
| How committed are you to taking this step? | | |  |
| Actions to be taken:  Signposting or referral? Y/N (detail) ……………………………………………………………………………………………………  Date of next meeting………………………………. Signature of coach……………………………………………………………… | | | | |