

## Performance & Development Solutions (PDS) Coaching Questionnaire

*Thank you for your interest in professional coaching.  
In order to help us match you with an appropriate coach, please complete the following questionnaire.*

### Client Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_ Division: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Alternative Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Job Category:  Employee  Supervisor  Manager

Briefly describe work duties:

### Coaching Information

Which of the following focus areas best describe the type of coaching you would like to receive? *(check all that apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> Assessing and Managing Performance | <input type="checkbox"/> Life Skills and Work/Life Balance                 |
| <input type="checkbox"/> Career Planning and Advancement    | <input type="checkbox"/> Management Skills and Competencies                |
| <input type="checkbox"/> Communication                      | <input type="checkbox"/> Marketing   |
| <input type="checkbox"/> Conflict Management                | <input type="checkbox"/> Personal Productivity                             |
| <input type="checkbox"/> Employee Development               | <input type="checkbox"/> Workforce Diversity and Understanding Differences |
| <input type="checkbox"/> Leadership Development             | <input type="checkbox"/> Other: _____                                      |

What do you hope to gain from coaching?

### Selecting a Coach

PDS will work with you to select the best suitable coach based your coaching goals. If you have a specific coach you would like to work with, please indicate below:

- |  |   |
|--|---|
| <input type="checkbox"/> No Preference       | <input type="checkbox"/> Sue Sager                    |
| <input type="checkbox"/> Marty Baddeloo, CPA | <input type="checkbox"/> Dr. Gary R. Sager            |
| <input type="checkbox"/> Terri A. Deems, PhD | <input type="checkbox"/> Deb Welke, MS                |
| <input type="checkbox"/> Brian Mayer         | <input type="checkbox"/> Other. Please Specify: _____ |
| <input type="checkbox"/> Rita Rizzo          |   |

### Additional Information

*(Please complete as much as possible)*

Number of coaching sessions per month: \_\_\_\_\_ Budget: \_\_\_\_\_

Start Date: \_\_\_\_\_ Duration: \_\_\_\_\_ Day/Time Preference: \_\_\_\_\_

*To begin the matching process, please submit this completed questionnaire to:*

Dawn Stohs, PDS Training, DAS-HRE

Email: [dawn.stohs@iowa.gov](mailto:dawn.stohs@iowa.gov)

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