



Hello,

Welcome to **My Attention Coach!** In this package, you will find the following information:

- *Pages 2 - 4:* Parent coaching expectations and information form. Please complete before the initial meeting and attach all related documents (contact information, copies of a 504 plan, IEP psychology-educational testing results) to the form.
- *Pages 5 - 7:* Client coaching expectations and information form for your child or teenager to complete.
- *Page 8:* Goals checklist for you to review with your student and/or your student to complete.

During the initial meeting, be prepared to share your information AND to be open to your child's perspective. The goal of the initial meeting is for the coach to discover information about the client in order support the client's goals and dreams. Please bring the completed forms to our first meeting.

Also, please be sure to review the client agreement and let me know if you have any questions. If we are meeting in person, I will have a copy of the client agreement for us to sign.

I look forward to beginning our work together!

Sincerely,

Laura Rolands

Coaching Expectations for Parents

Parents

Parents of clients are asked to complete the *Parent Information Form* **before** the initial meeting. Please have all related documents (contact information, copies of a 504 plan, IEP psycho-educational testing results) attached to the form.

During the initial meeting, be prepared to share your information AND to be open to your child's perspective. The goal of the initial meeting is for the coach to discover information about the client in order support the client's goals and dreams. The final coaching agenda is the client's agenda, not the parents' agenda.

Once coaching has started, if you have questions or concerns about the coaching process, you may e-mail the coach. All information between coach and client is confidential unless otherwise specified in our contract. Parents are encouraged to discuss the coaching with the client before contacting the coach. If you would like additional parent coaching time, please schedule an appointment. Fees will be noted in your contract.

Honor the coach/client relationship. This builds trust and increases the student's self-confidence and self-advocacy. Let your child know your concerns before notifying the coach. We are working toward an open and honest communication process.

Know when to advocate for your child directly and when to encourage self-advocacy. When in doubt, ask your child and then ask the coach.

Maintain a positive outlook about your child's progress. Remind yourself to praise the positive actions taken, large and small. Coaching and learning are done step-by-step and each person learns at a different pace.

NOTE:

Each client will design a Personal Coaching Agreement, with the help of the coach.

Client and Parent will receive a draft of the Agreement by e-mail. This Agreement is to be reviewed together to make corrections and to insert the agreed upon rewards.

This Agreement is to be signed by the coach, client and parents. The coach will monitor the goals and action steps with the client. The client is responsible for sharing their progress with parents as agreed upon in the contract. Changes can be made to the contract as needed throughout the coaching process.

Parent Information Form - To be completed by a parent

Student Name: Street Address: Date:

Nickname: City, State, Zip

Home Phone: Student Cell Phone: Email:

Age: Birthdate: Grade:

School: Address: Phone:

Guidance Counselor: Phone:

Parent /Guardian Contact Information:	Mother	Father	Guardian
Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation/Employer:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Work Phone:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell Phone:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Siblings in the home (names and ages):

Referred By:

If diagnosed with ADHD, when was it diagnosed? Type:

Name of Diagnostician:

Are there any known disabilities or co-existing conditions? Yes No

If yes, Please explain

Is the student currently taking medication for AD/HD or any other related difficulty, such as depression or anxiety? Yes No

If yes, which medication and how often?

Other Medical Conditions, including current treatment and medications

Does the student have special accommodations per an IEP/504 plan? Yes No
 If yes, please describe. Attach copy if available.

Has the student ever worked with a coach or organizational consultant to assist with AD/HD or LD problems? Yes No

If yes, when and where was the focus of the work?

Has the student worked with a tutor? Yes No

If yes, what subjects?

Is the student currently working with a tutor? Yes No

If yes, list day(s) of week and subject(s)

Is the student currently taking any private lessons (music, dance, etc)? Yes No

If yes, list day(s) of week

Are there other family members with an AD/HD diagnosis? Yes No

If yes, what is their relationship to the student?

Is there any family history of substance abuse? Yes No

If yes, please describe

How well do you and your family understand AD/HD (circle the most appropriate number)?

<u>Little or No Knowledge</u>			<u>Basic Knowledge</u>		<u>Fairly Well</u>			<u>Very Well</u>	
			Definition & what medication does		Read books, talked with doctor			Read literature, attend info sessions	
1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have a family calendar? Yes No

If yes, who usually keeps it current?

If no, are you willing to start using a family calendar when coaching begins? Yes No

Do you use a reward system with your teen? Yes No

If yes, please describe

If no, are you willing to work with the coach to develop a system? Yes No

Have you reviewed the Teen and College Student Coaching Expectations? Yes No

Do you have any questions or concerns at this time? Yes No

If yes, please describe:

Please share some personal thoughts about your child...

Thank You!

Client Coaching Expectations

This document is provided to clients to help answer any questions he or she has about coaching and the process that is used by LSR Coaching and Consulting. The client can also contact Laura Rolands at 248-251-4006 or Laura@MyAttentionCoach.com with questions.

Clients

Complete the *Coaching Information Form* and the *Goals Checklist* form **before** the initial meeting and provide copies to your coach. This is to be done at the start of the coaching partnership and reviewed every 3 months.

We recommend that clients agree to stick with coaching for a minimum of one academic semester or three months. Progress is reviewed monthly and at the semester end.

All coaching sessions are 30 minutes in length. You are requested to call on time. If you cannot attend a session, please leave a voice mail or e-mail message in advance of the session. 24 hour notice is required except in cases of actual illness or emergency.

Clients are expected to send e-mail, voice mail or text updates to the coach per the *Personal Coaching Agreement* that we will develop during the first couple of coaching sessions. Provide an update on your on classes, homework, upcoming tests and projects. Please share good news too!

In addition, students are encouraged to share information on their social and extracurricular activities, medication, sleep, eating habits and other issues that are deemed appropriate for coaching. We will discuss those boundaries during our first session. For those students who do not use e-mail or text messages, check in phone calls are requested. Leave all the details in a voice mail.

If you will be coaching by phone or Skype, please find a place where you can hear and be heard. Be sure that you have a place where you can open your planner, take notes and focus on the content of the call.

Be prepared for each coaching session with your:

- List of questions and notes for coaching
- Assignment notebook/planner
- Backpack
- Notebooks and project notes
- News of your progress in the past week
- Plans for upcoming week

Student Client Information Form

To be completed by the client

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Student Name:

Street Address:

Date:

--	--

Nickname:

City, State, Zip

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Home Phone:

Student Cell Phone:

Email:

Age:

School:

Grade:

What are your interests and hobbies?

What accomplishments are you proud of?

Do you belong to any clubs, sports teams, etc.?

Yes No

If yes, please list

Are you employed part-time?

Yes No

If yes, please provide details

Please list all of the class periods and subjects you are currently taking

What are your favorite subjects in school?

What makes you say that?

What are your least favorite subjects?

What makes you say that?

Are you currently taking private lessons or working with a tutor?

Yes No

If yes, please describe:-

Student Client Information Form

If you have not been diagnosed with AD/HD, please skip this section.

If you have been diagnosed with AD/HD, has anyone ever explained your AD/HD to you so that you really understand it? Yes No

Describe how your AD/HD affects you (positive and negative)

Have you read books or looked at websites on AD/HD? Yes No

If yes, what did you find most helpful?

How do you think you learn best? (Choose one)

- | | | |
|---|---|--|
| <input type="checkbox"/> <u>Visual</u>
Using your Eyes | <input type="checkbox"/> <u>Auditory</u>
Using your Ears | <input type="checkbox"/> <u>Kinesthetic</u>
Hands-on Learning |
|---|---|--|

What do you hope to gain from coaching sessions? Check all that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Set and meet your goals | <input type="checkbox"/> How to spend less time on homework | <input type="checkbox"/> Get into college |
| <input type="checkbox"/> Organizational skills | <input type="checkbox"/> Have more free time. | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Improved study habits | <input type="checkbox"/> Improve social skills/more friend. | |
| <input type="checkbox"/> Better grades in school | <input type="checkbox"/> Learn how to stay healthy | |

Yes No

Have you ever worked with a coach?

Do you understand that coaching is not therapy?

Do you have trouble getting to sleep? What is your usual bedtime?

Do you have trouble getting up in the morning? What time do you get up?

Do you eat breakfast and lunch each day?

Do you have a routine for getting ready for school? Please explain:

Do you have a routine for getting ready for bed? Please explain:

If you take medication, when do you take it? Morning Noon Evening Bedtime

Please share anything else you think it would be helpful for me to know about you at this time?

Thank you!

Coaching Goals

Name _____

Date _____

Please identify and rate your coaching goals in the areas below. Even if you are not sure exactly what your goal will be, just write an idea to help you get started.

Not at All Important

Neutral

**Extremely
Important**

1

2

3

4

5

HEALTH

Nutrition & Weight

Fitness & Exercise

Stress & Relaxation

FINANCES

Income

Savings

SELF

Personal Hygiene

Medical & Dental Care

Communication Skills

Spiritual Needs

SCHOOL

Time Management

Grades

Organizational Skills

Study Skills

FAMILY

Family Relationships

HOME ENVIRONMENT

Organization and Space

SOCIAL

Community Activities

Hobbies & Activities

Friends / Social Skills

ADDITIONAL GOALS