

Phoenix Leadership Experience

PARTICIPATE INTAKE FORM



Name: _____ Date: _____ Manager's Name: _____

Take some time to reflect on what you would like to gain from participating in this program. This will help you receive specific support during the program as well as during our 1:1 coaching sessions

What five changes do you most want to make through this program and 1:1 coaching sessions?

What challenges or pain points would you like to overcome?

What are three things you could stop or start doing to be most effective?

What is success to you in your role? How do you measure it? How do you know when it's been achieved?

What other points would you like to share, questions you have, or skills you want to learn and practice in the program?