

First Year Checklist

You will want to complete all of the following during the first year. Check each box as you complete each step.

Client	Start Date
--------	------------

Information/Worksheets/Assessments

<input type="checkbox"/>	Clean Sweep
<input type="checkbox"/>	Needless
<input type="checkbox"/>	True Values
<input type="checkbox"/>	Reserve Index
<input type="checkbox"/>	Advanced Recovery
<input type="checkbox"/>	Addictions and Conditions
<input type="checkbox"/>	Irresistible Attraction
<input type="checkbox"/>	Personal Goals
<input type="checkbox"/>	Business Goals

Conditions To Have In Place

<input type="checkbox"/>	Saving Money
<input type="checkbox"/>	Truth Is Being Told
<input type="checkbox"/>	Is Working Toward Vision
<input type="checkbox"/>	Solid Personal Foundation
<input type="checkbox"/>	Is Well On Road To Being Restored, Recovered, Healed
<input type="checkbox"/>	Stress Free
<input type="checkbox"/>	Doing Well In Business, At Work
<input type="checkbox"/>	Not Tolerating or Suffering
<input type="checkbox"/>	Needs Met
<input type="checkbox"/>	Oriented Around Values

Form courtesy of and copyrighted by Coach U, www.coachu.com, info@coachu.com | FB416