

Mentoring

Date ___ / ___ / ___ Time ___:___ am/pm
Name _____
Location _____
Cell phone _____

On a scale of 1 to 10, how are you today?
(low) 0 1 2 3 4 5 6 7 8 9 10 (high)
What one word describes you today?

What were the best things that happened to you since our last visit?

How would you describe your relationships?

What are your main concerns today?

What do you want to accomplish in this session?

List habits that are not working:

List habits that are working:

List obstacles that you faced this week. Either people or circumstances.
