**Client Completion Feedback Form**

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Date: \_\_\_\_\_\_\_\_\_\_\_\_ Number of Sessions: \_\_\_\_\_\_\_

**1. As you went through the coaching journey, how did it change things for you?**

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**6. What negative beliefs did you let go of?**

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**10. If you are willing to endorse and recommend my coaching but are stuck on how to write a testimonial, would you like me to help you with this?**

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Date**