**Quietspace**

# Judith T. Krauthamer
Coaching using Mindfulness Techniques

New Client Agreement. Please sign and return with payment.

Name    _____    Email Address _____

Address_____    Phone _____

_____    Do you have access to Skype?  _____

*As your coach, I will give you direction that enables forward movement towards a destination (goal) of your determination. Coaching depends on honest communication, trust, and respect in order to be successful. Your role is to be an open, available and equal partner in this process. By being honest and authentic with your thoughts, willing to respond to questions and ponder new ideas, and committed to agreed upon tasks and assignments, you will be able to take the steps necessary to arrive at your determined destination. In other words, we are partners working together to discover and achieve your goals.*

*Coaching differs from psychotherapy. Simply put, therapy helps you overcome the challenges of the past and coaching helps you very clearly identify your vision of the future. Coaching is a process of change that revolves around strengths and potential. Coaching is not therapy and I am not a therapist. Coaching is a way to create a future from where you are at this moment. If at any time you or I determine that professional help is needed for anything beyond the scope of coaching, we will suspend the coaching sessions.*

Agreement.  I, the client, agree to the following:

1) _____ sessions of coaching, one session per week by phone or skype.

2) Payment by check, in full, prior to first session

3) The client will initiate the call/skype. The phone number is 410-370-4773.

4) I will work collaboratively to design goals and action steps to move forward.

5) I will make a conscious effort to work on my coaching homework.

6) I am willing to test out new approaches to help me achieve my goals and whenever possible change behaviors that are interfering with my progress.

7) I will be open about what I like/don't like about how the coaching is going.

8) I will give 24 hours notice if I have to cancel the session

_____    _____
Signature                                                                                          date

*Judith T. Krauthamer*          *9606 Susies Way,  Ellicott City, MD 21042*          *410-370-4773*