

Creative Arts Inquiry Form Complimentary Coaching Consult

Please complete, save in your name on computer, and click submit button, or return completed form to above email address.

Date:

Name:

Day Phone:

Evening
Phone:

Fax Line:

Cell Phone:

E-mail Address:

Preferred means of communication:

Date of Birth:

Place of Birth:

Age:

Occupation:

Business Name/company:

Welcome to our complimentary coaching consult session.

Thank you for interest and willingness to complete your creative arts inquiry form. This form will help us get acquainted and focus on what is most important to you with the time we have together. I will also more fully understand your creative arts opportunities and challenges for seeking, reaching, and achieving your goals.

First, I believe you are intuitively creative, resourceful, and are fully capable of knowing your core values for pursuing your desired area of arts and life. As a creative arts coach, my job is to discover, clarify, and align with those goals my clients want to achieve. Since reaching and sustaining those goals impact your whole life, the coaching relationship may address other areas impacting outcomes (e.g. time mgt., career/money mgt., wellness). As coach, I will encourage life design discovery, elicit client-generated possibilities, solutions, strategies, and forward action. With permission, I will hold clients accountable to those goals and actions they commit to. I will always affirm, acknowledge, and endorse my clients with unconditional positive regard.

Among the many features of a creative arts coaching and/or consulting process are:

- Offering life skills & creative arts resources
- Focusing on art development & work/life balance
- Discovering your possibilities
- Designing a strategic business plan w/ targeted outcomes

I will help my clients discover possible paths they may choose to take toward reaching their goals and life satisfaction. Whenever appropriate, I may refer them to a qualified professional for additional support and expertise.

Thank you for the opportunity to get acquainted during this complimentary session. Once you have completed this inquiry, save it on your computer, then forward as an attachment with your email to set up an appointed time for your complimentary coaching consult. I look forward to serving you in meeting your creative arts needs and goals.

Creative Arts Inquiry Form Complimentary Coaching Consult

Please complete, make copy for your records, and return original to above email address.

Date:

Name:

How did you hear about my coaching services?

What influenced your decision to possibly work with a coach?

Have you ever been coached? If so, please describe the experience:

Do you have specific goals for the coaching relationship? If not, what goals might you want to create?

What are your significant commitments (e.g. self, family, finances, work, recreation, health, faith) now and in the near future?

What would your perfect life look like?

What are your dreams? What dreams have you given up on?

What are your values?

Creative Arts Inquiry Form Complimentary Coaching Consult

Please complete, make copy for your records, and return original to above email address.

Date:

Name:

What stops you from having the life you want to have?

What parts of your life (Personally & Professionally) are working best now?

What parts of your life (Personally & Professionally) are working least well now?

Creative Arts Data:

Primary Arts Discipline: (e.g. Visual, Performing, Literary; Multi/Interdisciplinary; Computer-based & Digital Artwork/Graphic Design; Media; New genre/media concept (hybrid in+out of art field):

1.

2.

Primary & Secondary Media:

1.

2.

I consider myself an

- Aspiring artisan Professional artisan Serious hobbyist Established artisan
 Established artisan-midcareer

If you are a professional artisan, is your business set up as a:

- Sole Proprietorship Partnership Limited Liability Corp

Describe in one sentence your field of art—your area of greatest interest and passion:

Yes No

Do you know your own voice that helps you get your hands, your eyes, your heart, your mind in alignment within your work? If so, tell me more.

Creative Arts Inquiry Form Complimentary Coaching Consult

Please complete, save in your name on computer, and click submit button, or return completed form to above email address.

Date:

Name:

Yes No

Is the need to create art a central constant in your life? If so, explain.

Yes No

Do you keep a visual & thoughts diary/journal?

Yes No

Do you have people you show your work to for feedback? If so, who?

Yes No **Visual Artist**—Have you exhibited in any of these exhibition spaces?

Museums Nonprofit galleries Alternative spaces Commercial galleries

University galleries Artist coops Online galleries

Nontraditional venues/everything else

Yes No **Performing Artist**—Have you participated in any of these theatrical venues?

Local community theatre Nonprofit events Alternative spaces

Commercial entities University campuses Artist coops

Online using media technologies Nontraditional venues/everything else

Yes No **Literary Artist**—Have you participated in any of these literary venues (include written, audio, any electronic format)?

Local community library Nonprofit events Alternative spaces

Commercial entities—incl. greeting card companies University campuses Artist coops

Traditional publishing Nontraditional publishing houses-i.e.POD, self w/

Nontraditional publishing-no writer fees Online using media technologies

Nontraditional venues/everything else

Creative Arts Inquiry Form Complimentary Coaching Consult

Please complete, save in your name on computer, and click submit button, or return completed form to above email address.

Date:

Name:

- Yes No **Visual Artist**—Have you sold your art through any of these venues?
 Galleries (all types/locations) Art Consultants Poster & greeting card companies
 Mail order Internet/e-commerce Others--

- Yes No **Performing Artist**—Have you been paid through any of these venues?
 Local community theatre Nonprofit events Alternative spaces
 Commercial entities University campuses Artist coops
 Online using media technologies Nontraditional venues/everything else

- Yes No **Literary Artist**—Have you sold your works through any of these venues?
 Nonprofit events Alternative spaces Commercial entities--incl. greeting card
 University campuses Artist coops Traditional publishing
 Nontraditional publ. houses-i.e.POD/self w/fee Nontraditional publishing-no writer fees
 Online using media technologies Poster & greeting card companies Mail order
 Internet/e-commerce Nontraditional venues/everything else Others--

- Yes No (If yes, check which ones)

Do you routinely visit local/regional/national galleries, museums, theatres, outdoor performances, libraries, author speaking engagements, book signings?

- Yes No

Do you have a body of work* ready for the marketplace? If no, what stage are you at for producing one?

- don't know what to focus on just getting started midway almost complete

(*A series of pieces/ performances/writings that hold together in some way—united in depth thematically & stylistically.)

Who do you believe is your primary market for your art? (e.g. individuals, communities, businesses, organizations, academic institutions)

In what ways, have you been trying to reach them?

What existing marketing/networking relationships do you have for your art?

Creative Arts Inquiry Form Complimentary Coaching Consult

Please complete, make copy for your records, and return original to above email address.

Date:

Name:

What financial and network resources do you need to support your art? (e.g. art production revenues, financial reserve/savings, grants/scholarships/fellowships, marketing consultation services, community/businesses, educational institutions, networking/collaboration with other artists)

Yes No

Do you have a primary studio where you create/perform/write? If so, describe the space (e.g. converted garage, bedroom/office, separate at home building, studio away from home; square footage/layout, equipment)

Yes No

Do you have a resume? If so, please forward it with this completed inquiry prior to our session.

LIFE-STYLE DATA:

Health/Wellness—

Rate your overall health:

Excellent Good Fair Poor

My Health Concerns and/or Conditions that possibly impact creating art: (Weight, Exercise, Nutrition, Stress Management); if any are listed here, request a Wellness Inquiry Form to complete to more specifically focus on areas needing attention)

1.

2.

3.

4.

Time Management—

How much time do you devote to creating art?

per day per week

What other responsibilities, activities, relationships need your time?

married children primary/secondary job community volunteer

church/religious activities

Others:

Creative Arts Inquiry Form Complimentary Coaching Consult

Please complete, make copy for your records, and return original to above email address.

Date:

Name:

Money Management—

Do you use a budget to monitor your personal and business cash flow?

Yes No Sometimes

Do you utilize the services of a financial manager?

I keep my own records CPA/bookkeeper Financial Advisor/Estate planner

Are you in debt?

No Yes If so, how much as a percentage of your net income? %

What strategies/plans do you have in place to reduce and eliminate any short-term and long-term debt?

Do you have a short-term/long-term financial life plan in place? If so, what are the basic elements?

Do you wish to add anything else regarding your creative arts goals for our coaching time together?