Logik Evolution Client Questionnaire

**Please complete this form, and let me know if you have any questions, or would prefer to complete this during coaching meetings. If a section is not applicable, leave it blank.**

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| Name: |  |
| Date: |  |
| Address: |  |
| Phone: |  |
| Email: |  |
| Social media links: |  |
| Current employer: |  |
| Job title: |  |
| Current subject/place of study: |  |
| University degrees/certifications: |  |
| BSN: |  |

**Other contacts/network/support** (psychologist, psychiatrist, coach, home guidance, etc.) you are happy to share:

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| Name and contact information: |

**Knowledge of English:** (The slides of the programme are in English and the coach speaks English, therefore a good understanding of it is certainly important. Do you feel comfortable speaking English with the coach, during training, and whilst working?

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| If you have any concerns, please write them here. |

**Transportation:** Are you comfortable using public transportation, or do you have a car to attend coaching sessions, trainings, and a job?

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**Please answer each question as accurately as possible.**

**The information you give is confidential and voluntary and should come from your previous educational and/or work experiences.**

Please tell us 3 things about what you enjoy doing outside of work (like hobbies, interests, sports, etc.).

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| 1-  2-  3- |

**What is your current situation?**

**Education (circle/highlight your current situation)**

* I want to begin studying
* I am studying
* I am finished with my studies

**Employment (circle/highlight your current situation)**

* I am employed (part time/full time)
* Early in career: First job
* Employed looking for new job
* Employed looking to change careers
* Unemployed no previous work experience
* Unemployed looking for a job with previous work experience
* Unemployed looking to change careers

**Give detailed answers and examples from your past educational, training or work experiences.**

**Interest in IT**

Please tell us about your interest in working in the field of technology.

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**Basic computer skills**

Please tell us what software you are familiar with and how comfortable you are with these programmes (for example, word, excel, etc).

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**Previous Coaching/mentoring**

Have you had any mentoring or coaching in the past? Please circle or highlight your answer.

Yes/no.

If yes, please explain in more detail below.

If you answered yes, what worked during the coaching sessions? What didn’t work during your coaching engagement?

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What does coaching mean to you now, what kind of support do you feel you need from a coach?

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List 3 skills that you would like to work on during our time together. These can be work related or something like communication that you would like to improve.

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| 1-  2-  3- |

**Communication**

What is your overall preferred way of communicating?

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| --- | --- | --- | --- | --- | --- |
|  | **Email** | **In person** | **Text** | **slack** | **other** |
| **Feedback** |  |  |  |  |  |
| **Instructions** |  |  |  |  |  |
| **Work performance** |  |  |  |  |  |

**Work Environment**

Please give a detailed explanation of your optimal work environment. Examples of this may be that you like a quiet environment, you prefer being seated next to a window, etc.

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Please let us know if there are any issues that you are experiencing in your physical office environment. Are there accommodations that you would like to request? Please list them here.

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Are you comfortable working from home or in a hybrid situation? Please describe pervious experiences working from home.

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**Task and Skill assessment whilst working or studying**

Pease let us know how you rate yourself in the following tasks/skills. Place an “x” in the column to indicate your answer. Do you feel you are good, average, or very good at the following tasks/skills in the workplace or whilst studying? Choose “not applicable” if you have never experienced or used the tasks/skills in the workplace or whilst studying.

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| **Task/skill** | **Good** | **Average** | **Very good** | **Not applicable** |
| Prioritizing your work tasks |  |  |  |  |
| Changing priorities |  |  |  |  |
| Meeting deadlines |  |  |  |  |
| Changing deadlines |  |  |  |  |
| Managing your time/planning ahead |  |  |  |  |
| Last minute changes or cancellations |  |  |  |  |
| Switching tasks at the last minute |  |  |  |  |
| Uncertainty, knowing what is next |  |  |  |  |
| Structure in your day |  |  |  |  |
| Problem solving |  |  |  |  |
| Working independently |  |  |  |  |
| Honesty |  |  |  |  |
| Note taking, like during meetings |  |  |  |  |
| Organization of ideas or resources |  |  |  |  |
| Thinking outside of the box/problem solving/creativity |  |  |  |  |
| Innovative thinking |  |  |  |  |
| Assertiveness/self-advocating |  |  |  |  |
| Asking for assistance |  |  |  |  |
| Taking breaks |  |  |  |  |
| Attendance |  |  |  |  |
| Punctuality |  |  |  |  |
| Flexibility |  |  |  |  |
| Responding to feedback |  |  |  |  |
| Focus |  |  |  |  |
| Making choices |  |  |  |  |

**Additional notes:**

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**Professional Relationships**

Explain an experience when you worked in a group or on a team whilst studying or working. What went well, what didn’t go so well?

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Tell me about one great experience with colleagues or a manager you have worked or studied with in the past. Can you think of some personality traits or management styles you liked or disliked?

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Please give me an idea of your typical day during the week. What is your day-night rhythm: (When do you get up, do you have a morning ritual, when do you usually go to sleep, what is your evening ritual?). We understand that some people are more productive outside of the standard working hours. This is about creating a pleasant training/working environment for you.

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**Autism**

It’s important for us to get to know you, as we want to ensure that you feel comfortable whilst working with us. If you prefer, we can discuss this in person. This is voluntary so please let us know if you have any concerns about providing this information.

When were you diagnosed with autism?

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Would you like to share something about your autism such as your strengths as an autist or any challenges you are currently facing?

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**This is a list of some of the traits autistic individuals identify with, please let us know how we can work together and plan how we can ensure we understand each other. This information helps us create a comfortable working environment for you.**

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| **Traits** | **Yes** | **No** |
| It can be difficult for me to understand/interpret body language |  |  |
| It can be difficult for me to Interpret the meaning of the behavior of others |  |  |
| It can be difficult for me to set and maintain boundaries |  |  |
| I can experience issues with working memory/executive functioning |  |  |
| I prefer meaningful chats, but not small talk/chit chat |  |  |
| Sometimes I don’t read/understand other people’s emotions |  |  |
| I like having time to process verbal communication |  |  |
| It can be difficult for me to understand social or unwritten rules |  |  |
| It can be difficult for me to understand abstract ideas |  |  |
| I prefer the use of concrete language |  |  |
| I appreciate honest, straightforward communication |  |  |
| I can experience social anxiety |  |  |
| I Interpret things literally |  |  |
| I have difficulty understanding humor |  |  |
| I prefer not to make eye contact |  |  |
| I experience difficulty understanding expectations of others |  |  |
| I prefer to focus on one task at a time |  |  |

**Sensory**

Only answer if you feel comfortable doing so. This is strictly voluntary but would be very helpful to know to ensure the appropriate supports. We want to ensure that we provide a training and workspace that you feel comfortable in, so we are requesting any information you feel comfortable providing. For example, some individuals may be sensitive to lights, sounds or certain smells.

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| **Sense** | **Explanations** |
| Visual/sight |  |
| Auditory/hearing |  |
| Tactile/touch |  |
| Gustatory/taste |  |
| Olfactory/smell |  |