

KELLERWILLIAMS®

Productivity Coaching

Needs Analysis – Agent

DATE: _____

Name: _____

Full Address: _____

City/State/Zip: _____

All Contact Numbers

Home: _____ Cell: _____

Email: _____

Do you have any income other than your real estate income? Yes No

How important is it for you to make money to support you (and your family)? Rate on a scale of 1-5, with 5 being very important. _____

Is real estate your only source of income? Yes No

How much does it currently cost you to live per month? _____

Big Why? Do you know yours, if so what is it? _____

When did you get your real estate license? _____

How long have you been an active agent? _____

Have you been with another company besides KW? If so, who _____

What is your DISC, if you know it? _____

What did you do prior to real estate? _____

PREVIOUS COACHING INFORMATION:

What is your #1 goal for Productivity Coaching? _____

Have you been in any other coaching programs?

Yes No

With whom? _____ What did you like or not like about it? _____

GOALS:

Do you have a current written business plan? Yes No

What was your GCI last year? _____ How many closed sales/listings did you have? _____

SOURCE OF BUSINESS: note the number of transactions from each source

or for **NEW AGENTS, CHECK AREAS YOU WOULD LIKE TO WORK.**

_____ sphere of influence	_____ cold calls	_____ internet	_____ Expired
_____ social media	_____ Craig's list	_____ sign call	_____ FSBO
_____ open house	_____ past clients	_____ mailers	_____
_____ other, explain _____			

What is your goal for this year in number of transactions? _____

How much income would you like to earn? _____

Are you on track to meet this year's goals? Yes No

If no, what do you think is stopping you? _____

Have you ever capped?

Yes N

BUSINESS INFO:

How many pendings/escrows do you have currently? _____
How many active listings do you have now? _____
How many signed buyer agreements do you have currently? _____
How large is your Met database? _____
How many are Past clients? (Mets) _____
How many are from your Sphere of Influence/Center of Influence (Mets) _____
Do you market? Yes No
Do you have eEdge campaigns set up? 33 touch? __Y/___N How many? _____
8X8? __Y/___N How many? _____ 12 Direct? __Y/___N How many? _____
What other types of marketing do you do, if any? _____
What price range, if any, do you target? _____
Do you lead generate? Yes No How? _____ Door Knock? _____ Phone? _____
Networking? _____ Other _____?
What kind of results do you get when you lead generate consistently? _____
How often and how many do you contact each day? _____
How many 8 hr days do you work each week including time for lead generation? _____
What is your average commission? _____
What is your average sales price? _____

HOW CAN COACHING HELP YOU?

What do you want to accomplish with coaching? How can a coach best be of assistance to you?

Is there anything going on in your life, which your coach should be aware of?

How can your coach hold you accountable?

What do you think the consequence would work for you if you do not do as you promise your coach?

What are your top 3 Strengths?

What are your top 3 weaknesses/areas of challenge?

FUN STUFF

Favorite pastimes/hobbies?

Favorite Food:

Favorite Flower:

Favorite candy/treat:

Favorite movie or book:

