

Enhancing the Performance of your Brand! ™"

Top Areas of Focus Form

In an effort to stay on track with your specific needs, please complete the Focus Form & return it to your Coach at least 1 week before your program starts so that each Session remains productive!

Today's Date:	Your Company Name:				
Your Name (s):					
	for wanting to consult with IBC? What needs to be eve the next level growth or improvement?				
4 Main Areas of F	ocus 4 Desired Goals				
2)					
3)					
4)					
	1				
Areas of Streng	ths Areas of Weaknesses				



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What result (s) would you like to see at month 12 after engaging with IBC	
programs and services?	

What is the highest revenue you have grossed in one year since starting business?
\$
What is the highest revenue you have grossed in the past 12 months ?
\$
What was your profit margin % earned in the past 12 months?
%
What is your minimum desired revenue goal for the end of next year?
\$
What is your desired profit margin % in the next upcoming 12 months?
%

Excellent	Good	Average	Inconsistent	Non-Existent
Posting 2-3 x per day	Posting 1x per day	Posting 3x per week	Posting when we remember	We don't use Social Media

Score your current Social Media Marketing Activity: {Check the appropriate box}

What is your marketing /advertising spend budget this year? \$ _____