



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: _____

Owner Name (s): _____

Website: _____

What is your main reason for wanting to consult with IBC? What needs to be changed in order to achieve the next level growth or improvement?

4 Main Areas of Focus	4 Desired Goals
1)	
2)	
3)	
4)	

Areas of Strengths	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?

_____ %

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

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

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