



Mentoring Program

Successful Business Building Steps

Course 4 Module 4 Lesson 6



Tell us about

Your Ideal Client

Your Name: _____ Date: _____

Client Personal Information	Client Demographic Information
Client First Name & Last Initial _____	Occupation _____
Gender: Male ___ Female ___	Income Level \$ _____
Age _____	Education Level _____
Single ___ Married ___ Divorced ___ Widowed ___	City/State _____
Children: Yes ___ No ___ Children Ages (if Yes): _____	Values / Mission / Purpose _____
Client Challenges	How These Challenges Affect Your Client on a Daily Basis
(turn these 5 bullet points into your story)	
➤ _____	➤ _____
➤ _____	➤ _____
➤ _____	➤ _____
➤ _____	➤ _____
➤ _____	➤ _____
Aspects You Anticipate	Your Top 3 Insights & Wisdom You'll Share
	➤ _____
	➤ _____
	➤ _____
Greatest Possible Outcome/Goals/Desires	Your Ideal Testimonial (after you work with them)