

A Team Organization Counseling Report

Name: _____ Date: _____

Current Rank: **M, SM, D, RD, SD, C, D** This month's Goal: _____

Current Volume: *Left* = _____ *Right* = _____

Total Number of Active Team Members: _____

Number on Autoship: L_____ R_____ Autoship %: _____

Your Personal Autoship Order(# of boxes): _____

- Which ones are you personally taking? _____
- What about your family (spouse/ kids)? _____

Your DVD/ Mag-Pack Autoship Order (#/month): _____/month

How many are you personally giving out weekly? _____/week

of 3-way calls with upline & prospects per week: _____ Goal: _____

Weekly PBRs (either hosting or assisting your personally enrolled)? **Y / N**

- Your last personal one: _____ Next one: _____
- Last team member one (you assisted): _____ Next: _____

ABBs: Are you committed to attending the ones in your local market? **Y / N**

Are you participating in the LIVE weekly A Team training calls? **Y / N**

Number of Preferred Customers: _____

Major Blast/ Micro Burst: Last One: _____ Next One: _____

Next Big Event Planned: _____ Registered? **Y / N**

Daily Personal Self Development: **Y / N** If so, what? _____

ACTION PLAN (Specific Assignments):

1. _____
2. _____
3. _____

NEXT COUNSELING DATE: _____ **TIME:** _____