WORKSHEET 1 : Professional Presence

How clients might describe my presence:

☐ Calm and grounded
☐ Confident and capable
☐ Rushed or scattered
☐ Distracted or stressed
☐ Warm and welcoming
☐ Professional but distant

How I want to be perceived:

Daily Presence Practice

Before each client arrives, I will:

☐ Take 3 deep breaths
☐ Clear my workspace
☐ Put away my phone
☐ Review their name and any notes
☐ Set my intention to be fully present

During the service, I will practice:

☐ Making eye contact
☐ Listening without interrupting
☐ Moving with intention, not rushing
☐ Staying calm when unexpected things happen
☐ Explaining what I'm doing and why

Presence Obstacles

What pulls me out of being present:

☐ Phone notifications
☐ Thinking about the next client
☐ Personal stress or worries

☐ Fatigue
☐ Overbooked schedule
☐ Other: _____

How I'll address this:

Action Steps

This Week, I will:

☐ Practice one "presence ritual" before each client
☐ Put phone on silent during services
☐ Notice when I'm distracted and gently refocus

This Month, I will:

☐ Ask a trusted colleague for feedback on my presence
☐ Identify patterns: When am I most/least present?
☐ Adjust schedule or habits to support better presence

Notes & Reflections:

WORKSHEET 2 : Boundaries & Expectations

Assess Your Current Boundaries

Rate yourself honestly (1 = Never, 5 = Always):

____ I communicate my policies clearly before issues arise
____ I maintain consistent scheduling boundaries
____ I enforce my policies without guilt
____ I say no when necessary without over-explaining
____ Clients respect my time and policies

Total Score: _____ / 25

Define Your Professional Boundaries

Time Boundaries:

- My working hours are: _____
- My cancellation policy is: _____
- I take breaks: _____

Communication Boundaries:

- Clients can reach me: ☐ By phone ☐ By text ☐ By email ☐ In person only
- Response time expectation: _____
- After-hours contact policy: _____

Service Boundaries:

- Services I provide: _____
- Services I don't provide: _____
- When I refer clients elsewhere: _____

Action Steps

This Week, I will:

☐ Write down my top 3 non-negotiable boundaries
☐ Decide how I'll communicate these to new clients
☐ Practice saying no to one request that crosses a boundary

This Month, I will:

☐ Review and update my written policies
☐ Communicate policy changes to existing clients
☐ Evaluate: Are my boundaries protecting my energy and time?

Notes & Reflections:

WORKSHEET 3 : Pricing Your Services

Current Pricing Assessment

How do you feel about your current pricing?

☐ Confident and comfortable
☐ Slightly underpriced but afraid to raise rates
☐ Significantly underpriced and resentful
☐ Overpriced and worried about losing clients
☐ Unsure how my pricing compares to others

When you quote your prices, do you:

☐ State them clearly without hesitation
☐ Apologize or over-explain
☐ Offer discounts before being asked
☐ Feel nervous or uncomfortable

Calculate Your True Value

What does your service include?

- Consultation time: _____ minutes
- Service time: _____ minutes
- Cleanup/prep time: _____ minutes
- **Total time invested per client:** _____ minutes

Your actual hourly rate:

- Service price: $_____
- Time in hours: _____
- **Hourly rate:** $_____ (price ÷ hours)

Does this reflect:

☐ Your skill level?
☐ Your experience?
☐ The value clients receive?
☐ What you need to sustain your career?

Price Adjustment Plan

If I raised my prices by _____ %:

- New service price would be: $_____
- I would need to communicate this by: _____
- I expect this client response: _____

Practice stating your price confidently:

"The service is $_____."
(No apology. No justification. Just clear.)

Action Steps

This Week, I will:

☐ Research what similar professionals charge in my area
☐ Calculate my true hourly rate
☐ Decide if my pricing needs adjustment

This Month, I will:

☐ If raising prices: Set effective date and communicate to clients
☐ Practice stating my price without hesitation
☐ Track: Did clients respond negatively to confident pricing?

Notes & Reflections:

WORKSHEET 4 : Life Balance & Time Away

Current Balance Assessment

Rate yourself honestly (1 = Never, 5 = Always):

____ I take scheduled days off without guilt
____ I have time for family and personal relationships
____ I engage in hobbies or activities outside of work
____ I feel rested and energized (not just surviving)
____ I can disconnect from work when I'm not working

Total Score: _____ / 25

If you scored below 15: Your work-life balance needs immediate attention.

Time Audit

Last Week:

- Days worked: _____
- Hours worked: _____
- Days completely off (no work calls/texts): _____
- Hours spent on personal relationships: _____
- Hours spent on hobbies/rest: _____

What I'm missing most:

☐ Time with family
☐ Time with friends
☐ Physical rest
☐ Creative outlets
☐ Quiet/alone time
☐ Fun and play

Creating Balance

Non-Negotiable Time Off:

- Days off per week: _____
- These days are: _____
- I protect this time by: _____

Boundaries to Support Balance:

☐ I don't check work messages on days off
☐ I schedule personal commitments like appointments
☐ I say no to extra work when I need rest
☐ I take at least one full week off per year

What restores my energy:

Action Steps

This Week, I will:

☐ Block off one full day with no work contact
☐ Schedule one activity that restores my energy
☐ Say no to one request that would compromise my time off

This Month, I will:

☐ Set and communicate consistent days off
☐ Plan one personal activity I've been putting off
☐ Evaluate: Am I returning to work more energized?

Notes & Reflections:

WORKSHEET 5 : Financial Awareness & Stability

Know Your Numbers

Monthly Expenses (Personal):

- Rent/Mortgage: $_____
- Utilities: $_____
- Food: $_____
- Transportation: $_____
- Insurance: $_____
- Other: $_____
- **Total Personal Expenses:** $_____

Monthly Expenses (Business - if independent):

- Supplies/Products: $_____
- Tools/Equipment: $_____
- Marketing: $_____
- Insurance: $_____
- Booth rent/Space: $_____
- Other: $_____
- **Total Business Expenses:** $_____

TOTAL MONTHLY NEEDS: $_____

Income Reality Check

Average Monthly Income:

- Good month: $_____
- Average month: $_____
- Slow month: $_____

Income Patterns:

- Busiest months: _____
- Slowest months: _____

- Predictable fluctuations? ☐ Yes ☐ No

Gap Analysis:

- What I need monthly: $_____
- What I earn (average): $_____
- **Surplus or Gap:** $_____

Building Financial Stability

Current Savings:

- Emergency fund: $_____
- Retirement account: $_____
- General savings: $_____

Savings Plan:

- I can realistically save monthly: $_____
- This goes toward: ☐ Emergency fund ☐ Retirement ☐ Both
- Automatic transfer date: _____

Long-Term Planning:

☐ I have opened (or will open) a retirement account (IRA/Roth IRA)
☐ I contribute monthly (even if it's small)
☐ I understand my income patterns and plan for slow seasons
☐ I have 1-3 months of expenses saved

Action Steps

This Week:

☐ Calculate my actual monthly expenses (personal + business)
☐ Review 3 months of income to see patterns
☐ Set up automatic savings transfer (even $50-100/month)

This Month:

☐ Research opening an IRA or Roth IRA
☐ Identify one expense I can reduce
☐ Create a plan for slow season income gaps

This Year:

☐ Build an emergency fund to cover 1 month of expenses
☐ Start retirement contributions (even small amounts)
☐ Review and adjust budget quarterly

Notes & Reflections: