



Ask the Coach

Wellness Coaching Report Form

Call 800-521-3273 to schedule sessions.
Send completed form to
Angela Nerone
Employee Benefits
Municipal Bldg. Suite 703
or email to
ANerone@akronohio.gov

Employee Full Name: _____ (Please Print)

The following information is provided as verification that the above employee participated in (circle one):

Fitness Coaching Nutritional Coaching Stress Reduction Coaching Tobacco Cessation Coaching

Services through ease@work. Note that three sessions of coaching are required to be eligible for awards and drawings. This can be accomplished by telephonic and/or in-person coaching sessions which last 30 to 60 minutes.

- Session 1 ____ / ____ / ____ (date of session)
- Session 2 ____ / ____ / ____ (date of session)
- Session 3 ____ / ____ / ____ (date of session)

Hey Coach: Keep Building!

Continue building with your final 3 coaching sessions or move on to another area you would like to improve. Employees and family members are eligible for 6 sessions in coaching area. Call a coach today.

Your signature below serves as verification that the below client has completed coaching.

Wellness Coach Signature _____ Date _____

*Please return the signed form to the employee. They are responsible for submitting/faxing the form to the appropriate party.

I hereby consent to the release of this form to the City of Akron. I understand the information will be kept confidential and only the persons involved in recommendations, facilitation and tracking of this program will review this information.



Client's Signature

Date