

ACHIEVERS COUNSELING SHEET

DATE	MONTH	YEAR
------	-------	------

NAME: _____ UPLINE ED: _____ PD: _____

MY OWN VITAL SIGNS

CDs: _____ BOOKS: _____

ACTIVITY:

SHOWED THE PLAN THIS BP : PERSONAL : _____ WITH YOUR GROUP : _____
 ASSOCIATES REGISTERED THIS BP : PERSONAL : _____ (WITH AO) _____ GROUP : _____
 CUSTOMERS REGISTERED THIS BP : PERSONAL : _____ (WITH AO) _____ GROUP : _____
 HOW MANY PHONE TEAMS DID I HOST?: _____ HOW MANY HOME MEETINGS DID I HOST?: _____
 # OF NEW CONTACTS : _____

QUALIFIERS:

AQ PERSONAL : Y/N AQ TEAM : Y/N
 PERSONAL POINT VOLUME (PPV) : MY PV : _____ MY CUST. PV : _____ TOTAL PPV : _____
 DOWNLINE POINT VOLUME (DPV) : TOTAL : _____ TOTAL OUTSIDE LARGEST LEG : _____
 # OF LEGS RECEIVING PASSIVE INCOME : _____

MY TEAM'S VITAL SIGNS

LEG	ACHIEVR STATUS	PHONE TEAMS	HOME M'TINGS	MT / SR*	WEB-INAR	TOM*	COUNSELING	ENROLL -MENTS	NEW DIR'S	VOLUME
TOTALS	N/A									

** Statistics show that the associates with the greatest number of people at the MONTHLY TRAININGS (MT) & SUPER REGIONALS (SR) and on the TOOL OF THE MONTH (TOM) program will experience the most growth and stability.*

MY PERSONAL ACTIVITY GOALS

# OF PERSONAL STPs	# OF NEW PEOPLE AT HOME M / OPP. M	# OF NEW ASSOCIATES AT MONTHLY TRAININGS	# OF SUPER REGIONAL TICKETS SOLD

GOALS - PIN LEVEL (Dates)

EXECUTIVE DIRECTOR	SILVER ED	GOLD ED	PRESIDENTIAL DIRECTOR	BRONZE PD	SILVER PD	GOLD PD	PLATINUM PD