

# LEADERSHIP TRAINING UPTAKE FORM

## FROM YOUR TRAINER

Your decision to provide tailored leadership training and team-building for your students will prove an invaluable investment in creating more skilled, marketable, and aware leaders. Before we embark on this journey together, it is important that we share common goals and desired outcomes. Please take a few moments to complete this questionnaire and return to [shawn@theleadershipcoalition.org](mailto:shawn@theleadershipcoalition.org). Should you have any questions, please never hesitate to ask; we are here to help maximize your team-building experience!

## TEAM COMPOSITION

Required information will include a roster of anticipated attendees; this is help ensure optimal team compositions and diversity. Upon request, we can provide a spreadsheet for your convenience.

- Name
- Gender
- Grad Year
- Extracurriculars

Depending on your priorities for desired learner outcomes, there may be one or more multi-question assessments for the participants. These are important in the team-building exercises as it provides your organization a tailored curriculum; and will be e-mailed to a single point of contact approximately two weeks prior to commencement of training.

Regarding your view of leadership within your organization, what are the organization's priorities for leadership training? (Please rank in order from 1-4, where "1" =most important)

- \_\_\_\_\_ Discover leadership potential further down the chain of command
- \_\_\_\_\_ Refresher training for experienced leaders
- \_\_\_\_\_ Skill-building for new leaders or a newly-formed team
- \_\_\_\_\_ Correct a perceived deficiency

## LEARNING OBJECTIVES

Regarding your view of leadership within your organization, how important are each of the following? (1-5 scale; "5" =vital, "3" =middle of the road, "1" =unimportant; each can be used multiple times)

- \_\_\_\_\_ Conflict Resolution
- \_\_\_\_\_ Empathy
- \_\_\_\_\_ Inclusion
- \_\_\_\_\_ Mentorship

Regarding your students' learner outcomes, please rank your organization's top 5 in order of priority: (1, 2, 3, 4 & 5, where "1" =most important)

- \_\_\_\_\_ Team-Building
- \_\_\_\_\_ Adaptability
- \_\_\_\_\_ Public Speaking
- \_\_\_\_\_ Teamwork
- \_\_\_\_\_ Delegation
- \_\_\_\_\_ Communication
- \_\_\_\_\_ Critical Thinking
- \_\_\_\_\_ Problem-Solving
- \_\_\_\_\_ (other) \_\_\_\_\_
- \_\_\_\_\_ Prioritization
- \_\_\_\_\_ Strategic Planning
- \_\_\_\_\_ (other) \_\_\_\_\_

How do you prefer your organization be engaged?

- \_\_\_\_\_ Single day of training
- \_\_\_\_\_ Workshop series
- \_\_\_\_\_ Assembly
- \_\_\_\_\_ Specific Request

What is your ideal time commitment? \_\_\_\_\_ # of sessions, completed over the course of \_\_\_\_\_ (hours/days) spanning \_\_\_\_\_ (days/weeks/quarters), to begin on or around \_\_\_\_\_ (date), finished on \_\_\_\_\_ .

Thank you! Once returned, we will review and contact you to begin tailoring your training modules.

Name of person completing this form: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_