

LEADERSHIP ASSESSMENT

Name: _____ (Lastname)

Team: _____

DOES YOUR TEAMPLATE, AS A WHOLE, REFLECT YOUR TEAM? YES NO

DOES YOUR NUMBER, AS A WHOLE, REFLECT YOUR TEAM? YES NO

WHAT ASPECTS OF YOUR TEAM DO YOU FEEL YOU WANT TO IMPROVE MOST? (PLEASE WRITE IT)

NAME: _____

WHAT COULD YOU DO NEXT TIME IN ORDER TO IMPROVE YOUR OUTCOME?

TEAM COORDINATION: 1 2 3 4 5

TEAM RESPONSIBILITY: 1 2 3 4 5

TEAM COORDINATION & RESPONSIBILITY: 1 2 3 4 5

FOR EACH ITEM, APPROXIMATELY HOW MANY TIMES HAVE YOU BEEN ASKED TO PARTICIPATE IN THIS ACTIVITY? (PLEASE WRITE IT)

ITEM	1	2	3	4	5
1. TEAM COORDINATION					
2. TEAM RESPONSIBILITY					
3. TEAM COORDINATION & RESPONSIBILITY					
4. TEAM COORDINATION & RESPONSIBILITY					
5. TEAM COORDINATION & RESPONSIBILITY					
6. TEAM COORDINATION & RESPONSIBILITY					
7. TEAM COORDINATION & RESPONSIBILITY					
8. TEAM COORDINATION & RESPONSIBILITY					
9. TEAM COORDINATION & RESPONSIBILITY					
10. TEAM COORDINATION & RESPONSIBILITY					