

Individual Pre-Assessment Form

For a *Custom-Designed Program*

Iowa Province: (Davenport, Des Moines, Dubuque, Sioux City)

Program

I am from the _____ (arch)diocese
2017
Parish _____ (optional)
City _____ (optional)

Leadership Training

Saturday, September 23,
St. Augustin Parish
545 42nd Street
Des Moines, IA 50312

Important: Please fill out this survey and return it to: nccwltldcontact@gmail.com or mail to Linda Clark, 33746 Spring Drive, Leesburg, FL 34788.

It is vital to be as open as possible in answering these questions, as this information will be used to custom-design your leadership program.

Why do you want to attend an LTD training session, and what are your expectations?

- 1.
- 2.
- 3.

What are the strengths of your Council?

What needs to be improved in your Council?

I would be more active in Council if:

- 1.
- 2.

If I could change 3 things in my Council, they would be:

- 1.
- 2.

3.

Are you an Individual Member of the National Council of Catholic Women? ___Yes
 ___No

What else do you want us to know to help us customize your leadership sessions?