

Suzanne Boswell Presentations NEEDS ANALYSIS for FACILITATION

Please print out this form, complete blanks, then fax or mail to the address at the end of the form.
Your responses are very important in ensuring that the meeting is effective for your group.
What you say will influence the approach taken. Thank you for taking the time to complete this form!

GROUP NAME _____

CONTACT PERSON: _____

ORGANIZATION PROFILE

1. Approximate anticipated attendance: _____
2. Describe group makeup:
 - Age/race/ethnic/nationality _____
 - Roles/functions (ie: Board of directors, leadership, committee chairs) _____

GROUP TENURE/ESTABLISHMENT:

- This is a well established group that has worked together before
- This is a newly-formed group – members have not worked together before
- This group is made up of both long-term members and new members
- Other: _____

GROUP COHESION:

- I expect this group to work well together
- I expect that there will be conflict and the group will handle it well
- I expect that there will be conflict that will not be resolved in this meeting
- Other: _____

3. What is the general geographic area from which attendees will come to the meeting (any out of state attendees?) _____

4. Are there any foreign languages dominant in the group? No Yes: _____

5. How knowledgeable are they about the issue(s) to be addressed:
 Extremely A lot Somewhat A little Not at all

6. List the 3 most important things Suzanne needs to know about your group:

a. _____

b. _____

c. _____

7. Were there any significant changes in this group in the past year? No

Yes: _____

MEETING GOALS / PROFESSIONAL CONCERNS

8. Do you have a theme for this meeting? No Yes : _____
9. What are the 3 hottest topics currently being discussed by the group?
- a. _____
- b. _____
- c. _____
10. What is the major goal that YOU have for the group?
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11. Is there one key message you want the group to retain after the meeting?

12. What is the biggest challenge Suzanne will face in working with this group?

13. Are there any taboo topics Suzanne should be aware of? No Yes: _____

LOGISTICS and APPROACH TO THE MEETING

14. Will there be any "mini-presentations" by members or others during the meeting? No Yes:

15. If this is a full day meeting, what are lunch arrangements for the group?

Group lunch in the meeting room Group lunch in a separate room Lunch on their own

16. What other facilitators have worked with this group in the past? _____

17. What did you specifically LIKE about past meetings with this group? This will give insight as to what works well for your group.

18. What did you specifically DISLIKE about past meetings with this group?

19. Have you seen Suzanne speak before? No Yes: Where? _____

20. If you've seen Suzanne speak, is there anything in particular that you DO or DON'T want her to do during the presentation?

21. What prompted you to hire Suzanne? _____

22. What else does Suzanne need to know to effectively facilitate for your group? _____

Completed by: _____

Date: _____

Thank you for taking the time to complete this form.
Please fax this to Suzanne Boswell at: 1-919-845-4188