

# Executive Blueprints



## Training Exercises & Activities

# Stay in Touch

### SUBJECT:

## REINFORCE IT

### MATERIALS REQUIRED:

**(1X) COPY OF THE FOLLOWING FOR EACH INDIVIDUAL**



### **PREPARATION:**

Print or Photocopy enough copies of the following questionnaire to distribute to all participants at the beginning of the training course. Allow time for people read the feedback form and complete the personal information on the first page. It is very helpful to have the forms at the beginning of the course so people have the option to make notes at their convenience.

Individuals should update periodically throughout the course as applicable, and hand it in at the end of the training.

Keep a schedule for yourself to follow-up with each individual based on personal feedback and observations on the form.

Use the contact information to follow-up after the training is complete.

One Month Follow-up: Did you try at least one of your new ideas?

Three Months Follow-up: Did you change or modify a bad habit?

Six Months Follow-up: Do you have a personal success story?  
Share examples approved to share from Question # 3

Considerations: The items identified as 'beneficial to others' may be useful focus or highlight for general follow-up comments. The course rating feedback is an opportunity to identify strengths and areas for improvement.

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## OBSERVATIONS & FEEDBACK



Please PRINT the following:

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Observations during the course:

1. **NEW IDEAS:** Throughout this course, you may discover new ideas that you would like to apply to your own behavior or skills. Please take a moment to write down the important items that you would like to emulate in your own behavior.

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2. **CHANGE:** Throughout this course, you might identify personal traits, characteristics or behavior that you would like to modify. These 'bad habits' or activities might not generate the results that you would desire. As this occurs to you, please take a moment to make a note of these opportunities for change.

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**Please return these feedback pages to the instructor upon the completion of the course. We appreciate your feedback for continuous improvement.**

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Name: \_\_\_\_\_

Date: \_\_\_\_\_

3. **SUCCESS STORY:** You may already have a success story that relates to some of the material covered in this course. If you can identify an example that demonstrates how any of these tools were effective in the past, please take a moment to share your personal experience.

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Would you be willing to share this experience with others? Yes [  ] No [  ]

4. **OTHERS:** Based on your observation of the other participants, which of the topics do you think were most important in this training session and could have the most beneficial impact for them?

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Please rate the following –

**Course Material** [  ] Excellent [  ] Good [  ] Fair [  ] Poor

**Instructor** [  ] Excellent [  ] Good [  ] Fair [  ] Poor

**Fun Factor** [  ] Excellent [  ] Good [  ] Fair [  ] Poor

**In Relation to the course Subject:**

On a scale of 0 (low) to 100 (high), rate yourself

*PRIOR* to the course.

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On a scale of 0 (low) to 100 (high), where do you want to be  
*AS A RESULT* of this course.

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