Team Performance Indicator

BEST PRACTICE IN ACTION

Volunteering
NEW ZEALAND

YOUR NAME:

TEAM NAME / TASK AREA:

DATE TODAY:

Team members – fill this in on your own, then share your responses with your team leader. You may choose to work through the Summary of ACTIONS together. Team leaders – do this assessment yourself and compare with the rest of your team's responses.

Q1:
When it comes to achieving our GOALS, how are we doing?

○ Very well   ○ Not well

○ Quite well   ○ Not sure

Comments:

Q2:
How well would we respond to changes / ideas that we think could improve our overall performance?

○ Very well   ○ Not well

○ Quite well   ○ Not sure

Comments:

Q3:
Are there aspects of our current systems, operations or communications needing change to improve our performance?

○ Yes

○ No

Comments:

Q4:
What are 1 or 2 areas where changes, in either your personal work or your team's, could improve our performance / make it easier to do what we're here for?

For example:

Is there a course / training you think will be useful for you or another team member, in terms of lifting our team's performance?

Do you have a particular talent that could benefit the team / a skill that you're keen to use or teach to another team member?

1:

2:

SUMMARY OF SUGGESTED ACTIONS TO IMPROVE OUR TEAM'S PERFORMANCE

○

○

○

○

○

○

Tick when actions are achieved ✓

Version 1.0 February 2015