

Team Building:

Facilitator Assessment Tool for Assessing Team Readiness for Phase Two: *Community Outreach & Action*

Name of Staff Facilitator(s): _____ **Location of Team:** _____

Date of SFT Workshops: _____ **Date of Assessment:** _____

How many active parent participants are on the team? _____

1. Has the team accomplished one to three of its short-term goals? Name those goals:
____ Yes, please comment. ____ No.

2. Does the team operate like a team and have a strong, positive feeling of team?
 - Does the team have a name?
 - Follow a meeting format with a regular ritual, ground rules?
 - Understand basic planning, accountability and evaluation methods?
 - Include individual parent leaders who have developed basic leadership skills, including listening, respecting one another and working together?____ Yes, please comment. ____ No.

3. Has the team celebrated its accomplishments?
____ Yes, please comment. ____ No.

4. Is the team “itching” to move on to bigger issues and to get more people involved?
____ Yes, please comment. ____ No.