

The Ohio State University Leadership Center

Foundational Leadership Certificate

Leadership Audit

www.leadershipcenter.osu.edu

We are so excited to join you on this journey of professional development. To get us started, we would like you to fill out this intake form. This will give us an idea of how to best assist you and further personalize your experience.

Personal Information Name ____ First Name Middle Initial Last Name Preferred Nickname (if applicable) __ Preferred Pronouns (check applicable box): ☐ He/ Him/ ☐ She/ Her/ ☐ They/ □ Other Hers His Them/ (please Theirs specify): Mailing Address ___ House Number Street Zip Code State Email Address ____ Phone Number (____)____ How do you prefer to be contacted? □ Phone ☐ Email Is there anything else you would like to share with us in order to better help you with your learning? **Education History** (please list your highest level of education first) Degree/ Completion? **Institution Name** Study Area Dates Certificate (yes/no)

Leadership Center History

Within the last three years,	have you completed any	of the	e following assessments from
The Ohio State University I	Leadership Center and wis	sh foi	r it to count towards this
Certificate? (check all that a	are applicable)		
□ DISC			Change Assessment
□ MBTI			Conflict Assessment
StrengthsFinder			Emotional Intelligence
☐ Kirton Adaption- Inventory (KAI)	Innovation		Other, please list:
Ohio State University Lead (check all that apply and lis Applying Your Perso Build Your Leadersh (MBTI) Team Dynamics Change Style Prefer Strengthening Your Lead Self & Others t	rence:	r it to work Co Le Le Mi Le St Pr	eading from Wherever You Are eadership Compass ission Possible: Positive eadership rengthsFinder oblem Solving, Teamwork, and
Change Effective Meeting Fa (counts as two work	rshops)	Cr	eativity for Success

Work History (list most to least current)

Title	Company/Organization/Institution	Roles	Dates

Preliminary Workshop Interests

Please list which workshops you are currently interested in below. This is not final, nor your workshop registration. This is in order to help identify your goals for this Certificate and connect you with your individual professional development coach. Workshop descriptions can be found on <u>our website</u>.

Self-Awareness (choose 3)	Team/Organization (choose 2)
Applying Your Personality Type to Build Your Leadership Skills (MBTI)	Team Dynamics
Change Style Preference: Strengthening Your Capacity to Lead Self & Others through Change	Effective Meeting Facilitation (counts as two workshops)
Communicating to be Understood	Leading from Wherever You Are
Leadership Compass	Mission Possible: Positive Leadership
StrengthsFinder	
Problem Solving, Teamwork, and Creativity for Success	

Self-Awareness (List Three)

Workshop Name	Date	Price	Currently Registered?

Team/ Organization (List Two)

Workshop Name	Date	Price	Currently Registered?