



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):

☐ She/ Her/ Hers ☐ He/ Him/ His ☐ They/ Them/ Theirs ☐ Other (please specify):

Mailing Address _____
House Number Street City & State Zip

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/ Certificate	Completion? (yes/no)	Institution Name	Study Area	Dates

Leadership Center History

Within the last three years, have you completed any of the following assessments from The Ohio State University Leadership Center and wish for it to count towards this Certificate? (check all that are applicable)

- | | |
|--|---|
| <input type="checkbox"/> DISC® | <input type="checkbox"/> Thomas-Kilmann Conflict Model Instrument |
| <input type="checkbox"/> MBTI® | Discovery Learning's Change Style Indicator |
| <input type="checkbox"/> CliftonStrengths® | Emotional Intelligence |
| <input type="checkbox"/> Kirton Adaption-Innovation Inventory (KAI)® | Other, please list: |

Within the last three years, have you completed any of the following workshops from The Ohio State University Leadership Center and wish for it to count towards this Certificate? (check all that apply and list month/ date next to the workshop)

- | | |
|--|--|
| <input type="checkbox"/> Applying Your Personality Type to Build Your Leadership Skills (MBTI) | <input type="checkbox"/> Communicating to be Understood |
| <input type="checkbox"/> Team Dynamics | <input type="checkbox"/> Leading from Wherever You Are |
| <input type="checkbox"/> Change Style Preference: Strengthening Your Capacity to Lead Self & Others through Change | <input type="checkbox"/> Leadership Compass |
| <input type="checkbox"/> Effective Meeting Facilitation (<i>counts as two workshops</i>) | <input type="checkbox"/> Mission Possible: Positive Leadership |
| | <input type="checkbox"/> Flex your Leadership Style |
| | <input type="checkbox"/> StrengthsFinder |
| | <input type="checkbox"/> Problem Solving, Teamwork, and Creativity 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 [our website](#).

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 (<i>counts as two workshops</i>)
Communicating to be Understood	Leading from Wherever You Are
Leadership Compass	Mission Possible: Positive Leadership
StrengthsFinder	
Problem Solving, Teamwork, and Creativity for Success	
Flex your Leadership Style	

Self-Awareness (List Three)

Workshop Name	Date

Team/ Organization (List Two)

Workshop Name	Date

Once completed, please email this form to Jennifer Pettibone at pettibone.8@osu.edu