

**ORGANIZATIONAL ASSESSMENT©  
MISSION QUESTIONNAIRE**

*To be completed separately by each of the following:*

- Executive
- Board Chair

1. Does the organization have a written Mission Statement?    Yes \_\_\_\_\_    No \_\_\_\_\_

If yes, please write it here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Has your Mission Statement been reviewed within the past three years by the following:

Board of Directors                      Yes \_\_\_\_\_                      No \_\_\_\_\_

Staff    Yes \_\_\_\_\_                      No \_\_\_\_\_

Individuals or groups outside your organization who affect, or are affected by, what your organization does

Yes \_\_\_\_\_                      No \_\_\_\_\_

*(please specify):* \_\_\_\_\_

3. If reviewed, was your Mission Statement either:

affirmed                                      Yes \_\_\_\_\_                      No \_\_\_\_\_

updated or substantially revised    Yes \_\_\_\_\_                      No \_\_\_\_\_

4. In planning and evaluating initiatives and programs, do your board and staff refer to the Mission Statement?

Yes \_\_\_\_\_                      No \_\_\_\_\_

5. Does your Mission Statement reflect the current needs of your:

community                                      Yes \_\_\_\_\_                      No \_\_\_\_\_

clients    Yes \_\_\_\_\_                      No \_\_\_\_\_

consumers of service                      Yes \_\_\_\_\_                      No \_\_\_\_\_

If yes, how do you ensure that it does (for example, periodic formal community needs assessments, consumer feedback, etc.)?

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*(A “no” answer to any of these questions indicates the item should be given attention.)*