

**ORGANIZATIONAL ASSESSMENT©**

**PLANNING QUESTIONNAIRE**

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

- Executive
- Board Chair

1. Is there an ongoing process used by the organization to:

examine internal strengths and weaknesses      Yes \_\_\_\_\_      No \_\_\_\_\_

examine external trends      Yes \_\_\_\_\_      No \_\_\_\_\_

establish priorities      Yes \_\_\_\_\_      No \_\_\_\_\_

systematically plan for the future      Yes \_\_\_\_\_      No \_\_\_\_\_

Who participates in that process and how? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Does the organization have a formal strategic plan that was adopted within the past five years?

Yes \_\_\_\_\_      No \_\_\_\_\_

If yes, does the plan include details of implementation such as timeframes and persons responsible?

Yes \_\_\_\_\_      No \_\_\_\_\_

If yes, has the plan been reviewed and updated annually?

Yes \_\_\_\_\_      No \_\_\_\_\_

3. If the organization has a strategic plan, do the board and staff refer to the plan when developing and evaluating initiatives and programs?

Yes \_\_\_\_\_      No \_\_\_\_\_

If not, why not? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLANNING QUESTIONNAIRE (continued)**

4. Are any of the following operational plans in effect? (If yes, please describe who was instrumental in their creation [board, board committee, staff, others] and when each was last updated. A “no” response indicates that the item should be given attention.)

Fundraising                      Yes \_\_\_\_\_                      No \_\_\_\_\_  
Who \_\_\_\_\_                      Last updated \_\_\_\_\_  
\_\_\_\_\_

Program                              Yes \_\_\_\_\_                      No \_\_\_\_\_  
Who \_\_\_\_\_                      Last updated \_\_\_\_\_  
\_\_\_\_\_

Staffing                              Yes \_\_\_\_\_                      No \_\_\_\_\_  
Who \_\_\_\_\_                      Last updated \_\_\_\_\_  
\_\_\_\_\_

Space/facilities                      Yes \_\_\_\_\_                      No \_\_\_\_\_  
Who \_\_\_\_\_                      Last updated \_\_\_\_\_  
\_\_\_\_\_

Technology                              Yes \_\_\_\_\_                      No \_\_\_\_\_  
Who \_\_\_\_\_                      Last updated \_\_\_\_\_  
\_\_\_\_\_

Equipment                              Yes \_\_\_\_\_                      No \_\_\_\_\_  
Who \_\_\_\_\_                      Last updated \_\_\_\_\_  
\_\_\_\_\_

Other (describe)                      Yes \_\_\_\_\_                      No \_\_\_\_\_  
Who \_\_\_\_\_                      Last updated \_\_\_\_\_  
\_\_\_\_\_