

Individual Team Member Form

Name

Phone

Date

Cell

Email

Work

Team Member Sector

Community

System

Family

Extended Support

Please check any times when you know you would not be available:

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9:00 AM							
1:00 PM							
5:00 PM							
9:00 PM							

Any Other Notes About Your Availability

When Dealing With:	I'm Great	I'm Good	I'm Okay	Don't Expect This from Me
Teaming Strengths				
Active Listening				
Negotiating with Others				
Resolving Conflicts				
Sharing Information				
Summarizing				
Persuading				

When Dealing With:	I'm Great	I'm Good	I'm Okay	Don't Expect This from Me
Coordinating Details				
Delegating				
Note Taking				
Setting a Follow UP				
Other (Please List)				
Plan Implementation Strengths				
Organization				
Follow Through				
Communicating Between Meetings				
Creating New Strategies				
Working with Others on Task Completing				
Other (Please List)				

Use This Space to List Any Other Details