



**Registrant's Pre-Assessment Form**  
**for a *Custom Designed Program***

**Important:** After mailing the Registration Form and payment to the local Host Council, please fill out this survey and return it to: NCCW LTD Program Chair, PO Box 130877, St. Paul, MN 55113-0008.  
or E-mail: [LTDTeamChair@q.com](mailto:LTDTeamChair@q.com)

**It is vital to be as open as possible in answering these questions, as this information will be used to custom design your leadership program. Thank you for your cooperation and participation.**

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Why do you want to attend an LTD training session, and what are your expectations?

What gifts do you bring to Council?

Why do you serve in Council?

I would be more active in Council if:

- 1.
- 2.
- 3.

If I could change 3 things in my Council, they would be:

- 1.
- 2.
- 3.

These things need to be changed because:

Have you ever held a leadership position/office in Council? \_\_\_\_\_ Describe:

Are you an Individual Member of the National Council of Catholic Women? Yes                      No

What else do you want us to know to customize your leadership sessions? (Use the reverse side of the page.)