



Organization Name: \_\_\_\_\_

***D. Consultant: To Be Completed By The Consultant***

**Consultant:** \_\_\_\_\_

**Questions:**

- 1 What goal(s) is the Organization currently working on?
- 2 Have they encountered any difficulties in implementing and/or planning their goal(s)?
- 3 How is the Organization/Program progressing its development?
- 4 Name the individuals in the Organization/Program and their titles, that are working with you. What is their role in the project?

\_\_\_\_\_  
Consultant Signature:

\_\_\_\_\_  
Date: