

## B. Legacy Solutions Leadership Consultation Form

### Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Preferred contact method: ☐ Email ☐ Phone ☐ Text

### Leadership Background

Years in current leadership role: \_\_\_\_\_

Total years of leadership experience: \_\_\_\_\_

Number of direct reports: \_\_\_\_\_

Industry experience (check all that apply):

☐ Technology ☐ Healthcare ☐ Finance ☐ Education ☐ Manufacturing ☐ Retail

☐ Government ☐ Nonprofit ☐ Other: \_\_\_\_\_

Previous leadership training/development (Please describe):

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### Current Leadership Situation

Describe your current leadership responsibilities:

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What are your primary leadership strengths? (Select top 3)

☐ Strategic thinking ☐ Communication ☐ Emotional intelligence ☐ Decision making

☐ Team building ☐ Conflict resolution ☐ Vision setting ☐ Execution

☐ Change management ☐ Other: \_\_\_\_\_

What leadership areas would you like to improve? (Select top 3)

☐ Strategic thinking ☐ Communication ☐ Emotional intelligence ☐ Decision making

☐ Team building ☐ Conflict resolution ☐ Vision setting ☐ Execution

☐ Change management ☐ Other: \_\_\_\_\_

**Rate your current satisfaction with your leadership effectiveness:**

☐ 1 (Very dissatisfied) ☐ 2 ☐ 3 ☐ 4 ☐ 5 (Very satisfied)

### **Goals and Challenges**

**What specific leadership challenges are you currently facing?**

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**What are your primary goals for leadership development?**

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**What specific outcomes would you like to achieve through this consultation?**

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**Are there specific team or organizational challenges you'd like to address?**

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### **Leadership Assessment**

**How would you describe your leadership style?**

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**Have you received feedback from your team/colleagues about your leadership? If yes, what themes emerged?**

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**What does success look like for you as a leader in the next 6-12 months?**

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**What barriers might prevent you from achieving your leadership goals?**

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### **Consultation Preferences**

**Preferred consultation format:**

☐ Individual coaching ☐ Group workshop ☐ Team facilitation ☐ Assessment & feedback

☐ Other: \_\_\_\_\_

**Consultation timeframe:**

☐ Short-term (1-3 months) ☐ Medium-term (3-6 months) ☐ Long-term (6+ months)

**Frequency of sessions preferred:**

☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Other: \_\_\_\_\_

**Any specific approaches or methodologies you're interested in?**

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**Additional Information**

**How did you hear about our leadership consultation services?**

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**Is there anything else you'd like to share that would help us prepare for your consultation?**

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**Next Steps**

Thank you for completing this form. A consultant will review your information and contact you within 2 business days to discuss the next steps in your leadership development journey.

For questions or immediate assistance, please contact [sjnorfolk@blegacysolutions.com](mailto:sjnorfolk@blegacysolutions.com)

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**For Office Use Only:** Date Received: \_\_\_\_\_ Assigned Consultant: \_\_\_\_\_ Initial  
Consultation Date: \_\_\_\_\_