

Questionnaire

Please take a moment to complete this questionnaire. This will help us better understand the backgrounds of the participants in the class.

Name:

Title:

Email:

Number of years work experience in this industry:

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Please rate your current competency in the following areas.

(1 = LOW competency, 5 = HIGH competency):

Strategic thinking 1 2 3 4 5

Business planning & understanding the overall business 1 2 3 4 5

Plan execution and implementation 1 2 3 4 5

Financial statements (Income Statement & Balance Sheet) 1 2 3 4 5

Financial and operational metrics and key performance indicators 1 2 3 4 5

Leadership 1 2 3 4 5

Other
 1 2 3 4 5

Describe any relevant business education/degrees/ seminars:

Are there any specific questions you would like to have addressed during the course?

SUBMIT