

Dear Past MMPS Participants:

We hope your experience in the program has come to fruition for you professionally and personally through actions that you are taking. Your valuable time and your relationships were emphasized.

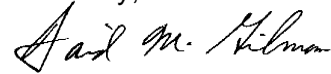
It may be good to review the *12 Effective Characteristics* in your workbook.

The following includes the forms from the program for your use as is or to customize as desired.

*Please feel free to e-mail any thoughts, suggestions or how it is going using some of the program ideas.*

We appreciate the opportunity to serve you!

Sincerely,



David Gilman  
President, Gilman Performance Systems

## Forms Included:

Mindmap Key Responsibilities  
Work Related Key Responsibilities & Results  
Personal Key Responsibilities & Results  
Key Responsibility Planning Worksheet – 2 Pgs  
Task/List Management System 'Datadump' List  
Current Key Responsibilities  
Key Responsibilities – Next Actions  
Owed To Me  
Misc. To Do's  
Return Call Log  
'Perhaps' Projects To Do List  
Key Communications Record  
Meeting Planner – 2 Pgs  
Meeting Evaluation Checklist  
How Well Do You Know Your Manager?  
How Well Do You Know Your Associate?  
Force Field Analysis  
Weekly Planner – 2pgs



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# ***Your Key Responsibilities & Results Mind Map***

My Key Responsibilities  
& Results

**WORK RELATED KEY RESPONSIBILITIES & RESULTS**

Key Work Responsibility 1 \_\_\_\_\_  
Result \_\_\_\_\_  
Result \_\_\_\_\_  
Result \_\_\_\_\_

Key Work Responsibility 2 \_\_\_\_\_  
Result \_\_\_\_\_  
Result \_\_\_\_\_  
Result \_\_\_\_\_

Key Work Responsibility 3 \_\_\_\_\_  
Result \_\_\_\_\_  
Result \_\_\_\_\_  
Result \_\_\_\_\_

Key Work Responsibility 4 \_\_\_\_\_  
Result \_\_\_\_\_  
Result \_\_\_\_\_  
Result \_\_\_\_\_

Key Work Responsibility 5 \_\_\_\_\_  
Result \_\_\_\_\_  
Result \_\_\_\_\_  
Result \_\_\_\_\_

Key Work Responsibility 6 \_\_\_\_\_  
Result \_\_\_\_\_  
Result \_\_\_\_\_  
Result \_\_\_\_\_

Key Work Responsibility 7 \_\_\_\_\_  
Result \_\_\_\_\_  
Result \_\_\_\_\_  
Result \_\_\_\_\_

Key Work Responsibility 8 \_\_\_\_\_  
Result \_\_\_\_\_  
Result \_\_\_\_\_  
Result \_\_\_\_\_

## **PERSONAL KEY RESPONSIBILITIES & RESULTS**

Key Personal Responsibility 1 \_\_\_\_\_

Result \_\_\_\_\_

Result \_\_\_\_\_

Result \_\_\_\_\_

Key Personal Responsibility 2 \_\_\_\_\_

Result \_\_\_\_\_

Result \_\_\_\_\_

Result \_\_\_\_\_

Key Personal Responsibility 3 \_\_\_\_\_

Result \_\_\_\_\_

Result \_\_\_\_\_

Result \_\_\_\_\_

Key Personal Responsibility 4 \_\_\_\_\_

Result \_\_\_\_\_

Result \_\_\_\_\_

Result \_\_\_\_\_

Key Personal Responsibility 5 \_\_\_\_\_

Result \_\_\_\_\_

Result \_\_\_\_\_

Result \_\_\_\_\_

Key Personal Responsibility 6 \_\_\_\_\_

Result \_\_\_\_\_

Result \_\_\_\_\_

Result \_\_\_\_\_

Key Personal Responsibility 7 \_\_\_\_\_

Result \_\_\_\_\_

Result \_\_\_\_\_

Result \_\_\_\_\_

Key Personal Responsibility 8 \_\_\_\_\_

Result \_\_\_\_\_

Result \_\_\_\_\_

Result \_\_\_\_\_



Resources Needed:

What	Where	Who

Possible Obstacle 1

Solution / Alternative / Preemptive Action

Possible Obstacle 2

Possible / Alternative / Preemptive Action

Possible Obstacle 3

Solution / Alternative / Preemptive Action

Item	Budget	Actual	Notes

Notes

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# MEETING PLANNER

(Use the reverse side or a second Checklist for additional notes)

Subject \_\_\_\_\_ Date \_\_\_\_\_

Projected Start Time \_\_\_\_\_ Projected Finish Time \_\_\_\_\_ Location \_\_\_\_\_

Actual Start Time \_\_\_\_\_ Actual Finish Time \_\_\_\_\_

Expected Participants	Expected Contributions	Attended?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Agenda Items & Pre-meeting Notes (Priority Order)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes During Meeting Item	Notes/Conclusions
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____





## MEETING EVALUATION CHECKLIST

- Was the purpose of the meeting clear?

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- Was the agenda developed and distributed in advance?

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- Were handouts essential for meeting preparation received in advance?

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- Did the meeting begin on time? If not, why not?

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- Was the agenda followed or did the meeting wander off track unnecessarily? If it did, why?

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- Were the meeting objectives achieved? Why or why not?

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- Were assignments and deadlines 'fixed' where appropriate?

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- Did the meeting end on time?

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- Of total meeting time, what percentages were/were not effectively utilized? Why/why not?

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NOTES / SUGGESTIONS

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## ***How Well Do You Know Your Manager?***

To help make sure that you and your Manager are working together towards common goals, fill this survey out and ask him/her to fill out the survey on the following page. After you have both completed them, schedule a time to discuss what you've learned from this exercise and the class.

	IFS Associate Answers
1. What are your Manager's major goals?	
2. In what areas can you take on more responsibility?	
3. What are his/her biggest time-wasters?	
4. What are your most important responsibilities when they are away?	
5. What are your strengths?	
6. What are your areas for improvement?	
7. What motivates you?	

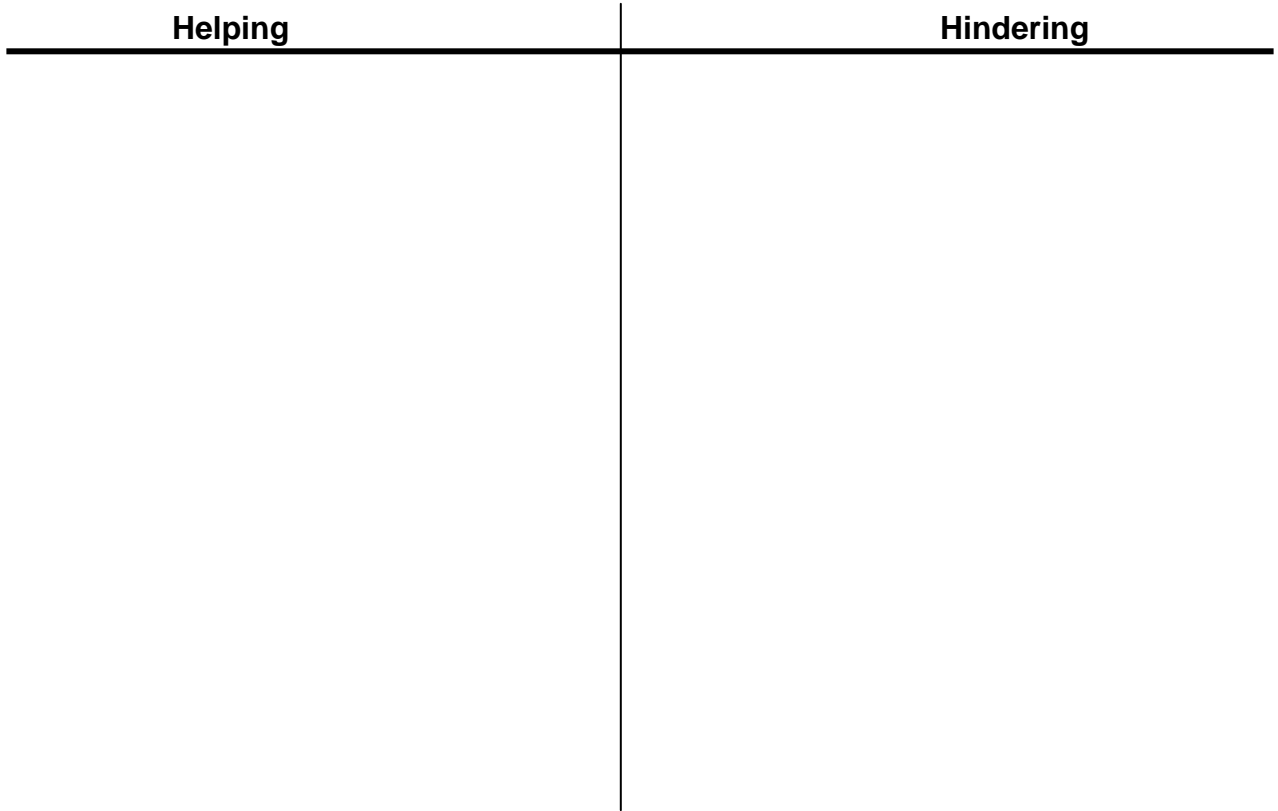
## ***How Well Do You Know Your Associate?***

To help make sure that you and your Associate are working together towards common goals, please fill out this survey and schedule a time to discuss what you learn from this exercise with your Associate. Your Associate has been asked to fill out a similar survey to determine how well they know you and your goals.

	Manager's Answers
1. What are your major goals?	
2. In what areas can your Associate take on more responsibility?	
3. What are your biggest time-wasters?	
4. What are your Associate's most important responsibilities when you are away?	
5. What are your Associate's strengths?	
6. In what areas does your Associate need improvement?	
7. What motivates your Associate?	

# ***Force Field Analysis***

(Topic)



## **ACTIONS TO TAKE:**

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**Meetings / MEetings / Travel / Personal**

Week of ___/___to___/___ 19 ___	T I M E	SUN _____	MON _____	TUE _____	WED _____	THU _____	FRI _____	SAT _____
<b>RESPONSIBILITIES &amp; RESULTS</b>	A M							
1: _____ • • •	8:							
	9:							
2: _____ • • •	10:							
	11:							
3: _____ • • •	12:							
	1:							
4: _____ • • •	2:							
	3:							
5: _____ • • •	4:							
	5:							
6: _____ • • •	6:							
	7:							
7: _____ • • •	Eve							
8: _____ • • •	N O T E S							
	S T A T E S							

