Consulting Engagement Request Form

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept. # \_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name) (Phone)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Email Address) (Campus Box #)

Desired “intervention” date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Desired “intervention” time: \_\_\_\_\_\_\_\_\_\_\_

Expected number of participants: \_\_\_\_\_\_\_\_

Description of participants (e.g., administrative support staff):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain the issue(s) currently facing you and your group.

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What is your request?

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What other steps have you already taken or planned to address the issue(s)?

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What outcomes do you want from our services (e.g., improved communications, reduced turnover)?

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How will you measure success (e.g., annualized turnover reduced by 10%)?

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Please note:

*Organization & Professional Development will contact you to discuss your request in more detail after the form is submitted. A minimum one-month advance notice is needed to process all requests. The client will pay for any material expenses used for the program (such as assessment instruments, training manuals, etc.) but not for our services. “Intervention” in this context refers to any structured activity designed to produce a desired change, whether or not a problem exists.*