
Training Instrument 3-1

Innovation Mini-Audit

This survey can help you and your top management understand where to start in efforts to increase your organization's innovation capabilities.

Instructions: Using your recent experience with your organization as the basis, please rate the following statements according to the following scale:"

- | | |
|---------------------|---------------------------|
| 1 = NEVER TRUE | 4 = TRUE MOST OF THE TIME |
| 2 = SOMETIMES TRUE | 5 = ALWAYS TRUE |
| 3 = FREQUENTLY TRUE | |

STATEMENT	RATING				
1. Our organization has exciting and interesting challenges that energize us.	1	2	3	4	5
2. My work group understands the importance of innovation to our organization.	1	2	3	4	5
3. We stay abreast of changes in technology, our industry, and the world around us.	1	2	3	4	5
4. People here know who our customers are and understand how their work helps create customer value.	1	2	3	4	5
5. Creative thinking and innovation are important parts of my everyday job.	1	2	3	4	5
6. We have an effective system for capturing, cataloging, and acknowledging new ideas and suggestions.	1	2	3	4	5
7. Our organization openly shares information with employees, customers, and other stakeholders.	1	2	3	4	5
8. People here have opportunities to work with and learn from people in other departments or functional areas.	1	2	3	4	5
9. People here often work on interesting new projects and have developed good project management skills.	1	2	3	4	5
10. We have a defined process of innovation that is widely used throughout the organization.	1	2	3	4	5
11. We regularly review projects, both successful and unsuccessful, to identify lessons learned.	1	2	3	4	5
12. Our leadership provides the encouragement, infrastructure, resources, and support that enables innovation to happen here.	1	2	3	4	5
13. People here have many opportunities to learn and grow.	1	2	3	4	5
14. People here trust and respect each other and generally enjoy working together	1	2	3	4	5

Workshop title _____

Date of workshop _____

Thank you for attending today's workshop. Please help us design and deliver training that is of value to you and your colleagues by completing the following survey. To rate your initial reaction to today's learning event, respond to each of the statements below by circling the number that corresponds to the following scale:

1 = TOTALLY DISAGREE

4 = MOSTLY AGREE

2 = MOSTLY DISAGREE

5 = TOTALLY AGREE

3 = GENERALLY AGREE

STATEMENT	RATING				
1. The workshop objectives were clearly explained.	1	2	3	4	5
2. The workshop objectives were achieved.	1	2	3	4	5
3. The workshop met my expectations.	1	2	3	4	5
4. A good learning environment was provided.	1	2	3	4	5
5. I learned new ideas or tools that are applicable to my job.	1	2	3	4	5
6. The workshop leader was prepared.	1	2	3	4	5
7. The workshop leader presented a coherent program.	1	2	3	4	5
8. I felt engaged and involved in the workshop.	1	2	3	4	5
9. I now know more about innovation.	1	2	3	4	5

Comments or suggestions:

Name _____ Department _____

Workshop title _____

Date of workshop _____

Thank you for attending the _____ Workshop recently.
Please help us understand how you have been able to apply what you learned
there by completing the following survey and returning it promptly
to _____ at _____ .

1. What key points do you recall from the workshop?

2. What were the ideas that you selected to try?

3. Have you taken the actions you outlined? If so, what results have you noticed thus far? If not, please explain if you intend to act and when.

4. What impact, if any, do you think the workshop will have on your work or thinking?

5. What kind of support would help you further use the ideas or tools from the workshop?

Other comments:

Name: _____ **Department** _____

Training Instrument 5-3

Sample Notice of Completion with Instructions for Use

Instructions: When you receive Innovation Training Bounce-Back Questionnaires it is time to send this Notice of Completion with the Certificate of Completion (Training Instrument 5-4) to participants' managers or supervisors via email. Here is a sample Notice that you can use to create your own emails:

To: _____
[manager or supervisor email address]

Subject: **Notice of Completion of Innovation Training**

We are pleased to inform you that _____
[name of participant]
has completed the _____ workshop.
[title of workshop]

Attached is a Certificate of Completion for the workshop. Please present it to

_____ with our congratulations.
[participant's first name]

Thank you.

[Facilitator's signature]

Training Instrument 5-4

Innovation Training Certificate of Completion

Workshop title _____

Date of workshop _____

To: _____
[name of participant]

Department and Manager: _____
[names of department and direct managers]

We are pleased to announce your completion of the above-named workshop
and we thank you for your post-workshop feedback.
Your contributions to our organization's innovation efforts are appreciated.

Workshop Facilitator

Director of Training

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