

Supplemental Materials

-Assessment Forms-

Copyright

Conversations for Results:
Accelerating Performance through Conversations
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Rapport Building Assessment	
When sitting, did you lean slightly forward, towards the person you're talking to, with hands open and arms and legs uncrossed?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Did you look at the other person about 1/2 of the time making eye-contact?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Were you careful not to make them feel uncomfortable with too much eye contact?	Yes <input checked="" type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
When listening, did you give nods, and make encouraging sounds affirming your interest?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Did you remember to smile using your whole face?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Did you use the other person's name early in the conversation to be polite and reinforce the name in your mind?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Did you ask open-ended questions?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Did you summarize, reflect, and clarify back to the other person what you think they have said, thereby giving the opportunity to clear any misunderstandings quickly?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Did you talk about things that refer to what the other person previously said and find links between common experiences?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Did you show empathy by demonstrating that you understand how the other person feels and can see things from their point of view?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
When in agreement with the other person, did you openly say so and say why?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Did you build on the other person's ideas without hijacking the conversation?	Yes <input type="checkbox"/> Partial <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Were you non-judgmental towards the other person, letting go of stereotypes and any preconceived ideas you may have about the person?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Did you admit when you don't know the answer or made a mistake?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Were you genuine, with visual and verbal behaviors working together to maximize the impact of your communication?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Did you offer a compliment, avoid criticism and be polite?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Did you ask for a small piece of advice that highlights a skillset of the other person?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

Conversations for Action Assessment

Stage 1	
Was there a clear and complete description of the request?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Were resources identified and made available?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Were the Conditions of Satisfaction specified so there is no ambiguity?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Was the timing specified?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Were constraints specified?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Stage 2	
Was there a solid promise?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Were negotiations complete?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Was there an acceptable counter offer?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Was any commitment to commit later followed up?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Was the request declined?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Stage 3	
Was the task completed?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Was the promise re-negotiated?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Was the request cancelled?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Was the work declared complete?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Stage 4	
Were the deliverables consistent with the request?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Were resources identified and made utilized?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Were the Conditions of Satisfaction met with acceptable quality?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Was the delivery on time?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Were constraints followed?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Shared Concerns	
Were the shared concerns acknowledged?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Were the shared concerns in alignment?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

Accountability Assessment

Up Front	
Were clear expectations set in advance?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Was the individual capable of completing the task?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Were there clear measurements and standards?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Did they make a solid commitment?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
During and After	
Did you provide clear and timely feedback?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Did the individual have an opportunity to make things right?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Were there clear and appropriate consequences?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Was praise given for success?	Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

Conversations for Delegation

Level	Label	Decide or Recommend	Get Approval	Act	Report	Note
1	Just do it!	X		X		Make the decision, act and do not report. These are often daily activities expected with the job.
2	Do it & report	X		X	X	Make the decision, act, and report your action on a regular basis. These items are important for your manager to know and may show up on your performance review.
3	Get approval	X	X	-	-	Make the decision and get approval before acting. These are typical of issues that other parts of the organization.
4	Input only	X	-	-	-	Gather data and provide input to upper management so they can make an informed decision. Do not act until explicitly asked.

Preparation: Conversations for Confrontation

Concisely state the heart of the issue in 1 or 2 sentences. There may be more than one underlying issue so be sure to call them out separately, on separate forms. The issue could be a concern, challenge, opportunity, or recurring problem that is becoming more of an issue.	The issue is...
What's at stake? How does this effect: the team, customers, goals, profits, loss, costs, products, services, suppliers, timing, the future, or other relevant factors? What does the future look like if it continues?	This is important because...
What are your emotions resulting from the issue? Emotions include: surprise, disappointment, anger, concern, etc. What is triggering this emotion? Does this surface yet another issue?	My emotions around this issue are...
What is your contribution to the issue?	I may have contributed by...
What is important to the other person? What is at stake for them and how might they react to your addressing the issue? How do you want to respond to their reactions?	They may respond with...
What specific results do I want? What are the observable changes necessary? If the issue was no longer present, what would a successful scenario look like?	An ideal outcome is...
Make a list of background facts detailing the who, what, when, where, why and how. What forces are in play; what is the status? This list will prepare you to address issues and potential push-back in the conversation.	Relevant background information...
What options are up for consideration?	The consequences of no notable change could include...
What are acceptable alternative solutions. Often there is more than one right answer. This is a list you keep in your hip pocket until it's needed.	Other acceptable solutions include...