



Team Development Process
Business Profile

Practice Name: _____

| Team Member Name | Email Address | Principal |
|------------------|---------------|--------------------------|
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |

| Last Year's Revenues: | Fee-based | Commission-based | Total |
|------------------------------------|-----------|------------------|-------|
| Estimated Current Year's Revenues: | Fee-based | Commission-based | Total |

Segment your client relationships by total assets controlled*

| | | | |
|----------------------|--|--------------------|--|
| Greater than \$10MM: | | \$500,000 - \$1MM: | |
|----------------------|--|--------------------|--|



Team Development Process
Team Member Survey

Name: _____ Years with this team: _____

Position: _____ Years in the industry: _____

Practice Name: _____

| Please list your specific tasks/responsibilities for the team and include the percentage of time you spend doing each per week | % of time per week |
|--|--------------------|
| 1) | |
| 2) | |
| 3) | |
| 4) | |
| 5) | |
| 6) | |
| 7) | |
| 8) | |
| 9) | |
| 10) | |

How many TOTAL HOURS per week are you working (on average)?

What are the 3 things you LIKE MOST about your job or work environment?
1)