



Organizational Development

General Inquiry Form

Employee Development

Interventions are planned measures designed and developed to overcome job-related challenges. They can be instructional or non-instructional. Such challenges may affect job performance related to individual, group or organizational objectives. Below is a list of interventions provided by OED. If you are facing departmental challenges or need help taking advantage of opportunities to excel, we are here to help. Start by selecting the services you're interested in (check all that apply) then complete the form and e-mail it to oed@wayne.edu or drop it off at our office. We will contact you to discuss your needs in further detail.

Process Improve Department Orien Strategic Planning Analysis Problem Identifica Problem Solving Decision Making Process Mapping Team Building Stra Change Managem	Culture Satisfaction Engagement S.W.O.T. Leadership 360 Employee Attitud	Performance M Skill Gap Analy Competency D Training Needs Assessm	lanagement Performance Management Sis Career Development Succession Planning Leadership Performance Management Succession Planning Leadership
About the Clie	ent		
Your Name:		Topic/Subject:	
Department:		Desired Intervention Date:	
Office Number:		Additional Contact Name:	
Email Address:		Contact Office Number:	
		Available Funding:	
About Your A	udience		
Approximate numb	per of employees influenced	d by this intervention:	
Audience Character	ristics (check all that apply):		
☐ No prior knowle	dge of the topic/subject	☐ Are new WSU Employees	
☐ Some knowledge of the topic/subject ☐ Are exsiting WSU Employees			ees
☐ Are uncomforta	ble using technology	Are Supervisors, Manage	rs or Directors
☐ Are generally se	lf-directed		
Other Characteristic	cc.		

Will this intervention be: ☐ University-Wide ☐ Unit-S Will this intervention be: ☐ a Change in System(s) ☐ a				
Opportunity or Challenge What do you see as the problem your department is facing? What are the reasons why you are requesting assistance?				
Desired Outcome What do you want your audience to be able to do at the end of this intervention? What changes to you wish to see?				
What have you tried? If this is your first intervention please indicate so. Tell us what you have tried and why it was successful/unsuccessful.				
Special Requirements Are there any specific requirements or restrictions you would like us to know about?				
Consequences What are the consequences if this intervention does not take place?				
Cost Benefits What cost benefits or R.O.I. might your S/C/D gain through this intervention?				
University Goals How would this intervention help you align your S/C/D goals with the University Goals?				
This request is subject to approval. It does not automatically grant your request.				
	Do not write in this how			
OED use only. Do not write in this box.				
Request Date: Initial Meeting	Date:			
Approved Project Assigned To:				
☐ Pending				
Referred To:				

About the Intervention