Recognition Profile

The questions asked here are intended to create an opportunity for supervisors, employees, working colleagues, and team members to get to know one another better. This tool is designed to share information that will make it easier for us to express sincere and meaningful appreciation for one another.

Date: ____________
Name: ____________________________
Position Title: _____________________
Department: ______________________

My Recognition Profile

1. Listed here are some words that describe the type of work environment I find most rewarding:

2. Listed here are examples of the kinds of actions I take, or qualities of character I feel I bring to the workplace, that I am personally most proud of:
Recognition Profile (Continued)

3. These are some specific things I like to be recognized for:
   ___ A task performed or completed.
   ___ A skill that I possess or demonstrate.
   ___ A quality of character that I have demonstrated.
   ___ Persistence. Remaining reliable through a difficult period of time.
   ___ Team effort. Pitching in, helping out, supporting others, etc.
   ___ Exemplary customer service. Caring, compassion, helping out, etc.
   ___ My role in resolving a particularly difficult problem.
   ___ Creativity. Generating ideas, solving problems in creative ways, encouraging creative thinking.
   ___ Other: __________________________________

4. The following are considered meaningful forms of recognition to me:
   ___ Acknowledgement: Verbally and/or in person
   ___ Acknowledgement: In written form
   ___ Expanded Participation
   ___ Receiving more information
   ___ Being asked for input
   ___ Getting to know someone on more of a personal level
   ___ Being asked to take on new responsibilities
   ___ Opportunity to learn something new
   ___ A chance to be creative / innovative / risk taking
   ___ Work schedule flexibility

5. This is how I prefer to receive recognition. (Examples: In Private. In small groups. As a part of more formal ceremonies or gatherings.)

Optional Personal Information
Birthday: (Month and Day) ____________ Home Phone: _______________
Children’s Names: __________________________________________________
Spouse/Partner’s name: ____________________________________________
Hobbies, Outside Interests: