

# Stakeholder Feedback

Date \_\_\_\_\_

Stakeholder

Affiliation

Capacity

Name

City

Volunteer, Donor, Family, Athlete, etc.

Coach, AMT/GMT, LPC, AD, etc.

Please provide your S.W.O.T. Analysis.

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**S** – Strengths

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**W** – Weaknesses

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**O** – Opportunities

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**T** – Threats

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Mail or fax to:  
Special Olympics Montana  
P O Box 3507  
Great Falls, MT 59403-3507  
FAX – 406-454-9043



## 3 KEY ISSUES

What are the most critical issues or matters that SOMT must face and resolve if it is to be successful in the future?  
Please rank order the most important (#1) to the least important (#3).

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_