

# RE/MAX - Experienced Self Assessment Survey

1. What is your name?

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2. What is your home address?

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3. Best email address to contact you at?

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4. Best phone number to reach you at?

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5. Which of the following would make you consider changing brokerages?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Strong Brand                        | <input type="checkbox"/> Advanced Education                   | <input type="checkbox"/> Marketing Assistance      |
| <input type="checkbox"/> Strong Culture                      | <input type="checkbox"/> Management Support                   | <input type="checkbox"/> Systems for your business |
| <input type="checkbox"/> Networking Opportunities            | <input type="checkbox"/> International Business Opportunities | <input type="checkbox"/> Referrals/Leads           |
| <input type="checkbox"/> Tools to help you get more listings |   |  |
| <input type="checkbox"/> Other (please specify):             |   |  |

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6. Would you use online resources?

- Yes                       No                       Maybe

7. How would you describe your computer skills?

- Below Average                       Average                       Above Average

8. What type of education would you most likely take advantage of?

- Online Videos                       Webinars                       In Class/Workshops  
 Seminars/Speakers                       One on One

9. Are any of the following holding you back from reaching your career goals?

- |  |  |
|--|--|
| <input type="checkbox"/> Need to do more marketing                       | <input type="checkbox"/> Need more systems                     |
| <input type="checkbox"/> Need more support from the office               | <input type="checkbox"/> Need more accountability              |
| <input type="checkbox"/> Not with the best brand/company for my business | <input type="checkbox"/> Need more targeted education/training |
| <input type="checkbox"/> Need more tools to stay competitive             | <input type="checkbox"/> Need to increase my prospecting       |
| <input type="checkbox"/> Other (please specify):                         |  |

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10. What industry awards and designations have you earned and in what year?

_____	Year: _____
_____	Year: _____
_____	Year: _____
_____	Year: _____

# Worksheet – Business Systems Evaluation

## 1st Exercise

	NO	YES, IT'S GOOD	YES, IT NEEDS WORK
a) Do you have a current Business Plan with income targets for the next 12 months?			
b) Do you have specific written goals and action plans to achieve your targets?			
c) Do you have a Prospecting Plan including block-out times for lead generation?			
d) Do you have a Pre-Listing Package?			
e) Do you have a Pre-Appointment Package?			
e) Do you have a Marketing Strategy?			
g) Do you have a CMA Presentation?			
h) Do you have a structured Listing Presentation Plan?			
i) Do you have a Buyer Package?			
j) Do you have a system to create lifelong clients?			
k) Do you have a system to gain referral business?			
l) Do you have a system to encourage and track repeat business?			
m) Do you have Prospecting Checklists?			
n) Do you have Seller Systems Checklists?			
o) Do you have Buyer Systems Checklists?			
p) Do you have Lead Follow-Up Systems and Checklists?			
q) Do you have a Website and Social Media Systems?			

### TOP 5 SYSTEMS TO IMPLEMENT

### 5 SYSTEMS TO IMPROVE

1.	1.
2.	2.
3.	3.
4.	4.
5.	5.