



Program Assessment

Every group is unique. We will work with you to provide a custom program to suit your needs. To this end, please fill in all information as completely as possible and return (via email, if possible) to help us serve you in the best way possible. This document is the beginning of the conversation and will be given to your Lead Facilitator for follow up and planning purposes.

Organization & Group Name		Program Date and Time	
Group Contact Person and Title			
Email			
Client Address			
Program Location (if different from Client Address)			
Phone Number for Pre-program communication		Phone Number for Last Minute Communication	
# of Participants Expected		# of Chaperones Expected	
Organization Bio (give us some background on your organization):			
Will the contact person be present? YES NO		When would your group like a break/lunch?	

In your own words, why did you choose to have us come to work with your group?

What are your goals and expectations for this experience?

Give us a snap-shot of your work environment.

What do you like about your work environment? What do you want to change?

Who are the participants and what is their relationship to one another? How well do they know one another? Do they know each other's names?

What has been the nature of their typical group interactions?

What possible group dynamics should our facilitators be aware of?

Has your group done team-building activities before? If so, please describe the experience.

No one is forced to participate in any activities. That aside, do these participants have a choice in whether or not they come to the program with the rest of the group that day?

Are you aware of any participant health issues or physical limitations?

Where does our program fall in the course of day (i.e. it's part of a retreat, it's at the end of a work day, it's part of an office celebration, etc)?