

TEAM CHALLENGE
PRE-EVENT GROUP INFORMATION / ASSESSMENT

1.Name of Group or Organization: _____

2.Contact Person(s): _____

3.Address: _____

Phone(s) _____

4.Date of Event: _____

6.Directions/ /Map Needed? _____

7.Schedule: Start time, breaks, meals, announcements, other programs, Stop time? etc.

8.Number or Participants: _____ Ages/Range _____ Gender(M) _____ (F) _____

9.Are there participants with special needs? Yes__ No__ _List _____

10.Do the participants know each other? Very Well___ Pretty Well___ A Little___ Not At ALL_____

11.Relationship -(Work, School, Church, Service Group, Friends, Sports, etc.) _____

14. ISSUES to ADDRESS - Which team issues are priority for this group to explore?(circle 4-6)

- | | | |
|-----------------------------|-------------------------|-------------------|
| Resource Management | Coordination | Balance |
| Effective Feedback | Confidence | Cooperation |
| Exploring Diversity | Decision Making/Choices | Motivation |
| Conflict Resolution | Timing | Group Focus |
| Problem Solving Skills | Team Spirit | Visualization |
| Play / Fun | Trust (Risk) Building | Creativity |
| Achieving Group Consensus | Communications | Support |
| Environmental Studies | Spirituality | Honesty/Truth |
| Physical / Emotional Safety | Making Mistakes | Commitment |
| Discounting/Devaluing | Respect-people/property | Leadership Styles |
| Building Consensus | Compromise | Others: _____ |

15. Major Goals--

For Leader _____

For Participants _____

For Organization _____

16. EVALUATION - How will we know if we have met these goals?

17. The most challenging issue in facilitating this group will be?

Information included on this form will remain confidential with this group and will be used exclusively to prepare the best possible **Team Challenge Adventure program** for the group indicated.

Return to :

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