



Group Needs Assessment

YMCA Team Building

Please choose one:

Camp Ihduhapi Camp Icaghowan Camp Warren

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|------------------------------|-------------------------------|--|--|
| Name of Group: | <input type="text"/> | Dates of Service: | <input type="text"/> |
| Group Contact: | <input type="text"/> | Phone: | <input type="text"/> |
| Email Address: | <input type="text"/> | | |
| Estimated # of Participants: | <input type="text"/> | # of Groups: | <input type="text"/> (10-12 per group) |
| Group split done by: | <input type="checkbox"/> Camp | <input type="checkbox"/> Group Leaders | |

To assist us in developing an effective program for your organization, we need your input. Please answer the following questions on this form and return to us with your agreement. Be as descriptive as possible. Thank you for your time and insight to your group!

What are the goals you wish to achieve for your organization's group by participating in this program?

What is the age range and background of your group? Have they participated in teambuilding activities before?

What are other components included in your retreat or curriculum that would be beneficial for us to know?

Are there any special behavioral issues or physical impairments that our staff should be aware of?

Have you told your group about the outdoor weather conditions?

Yes No