



Group Goal Sheet

Organization Name _____ Date of Program _____ Time _____

Group Contact Person _____ Title _____

Phone: Day _____ Evening _____ e-mail _____

Number of participants (exact) _____ Rain date (if any) _____

Please use this form to identify specific goals you and your group would like to explore while on the Team Effectiveness Challenge Course. It is important that the person(s) completing this form be knowledgeable about the group and its dynamics. The lead facilitator assigned to your group will meet with you to clarify group goals and will use this information to structure the program.

Please describe your organization's purpose: (mission, general function, etc...)

Please describe the goals you have for the TECH Course experience. If possible, please provide examples of issues your group may be facing that are relevant. It is suggested that you solicit information regarding goals and issues with your organization prior to meeting with the facilitator.

(over)

How long have members of this group been together? How would you describe the relationships and effectiveness of the group?

Please describe any experience members of the group have had on the TECH Course or similar challenge programs:

Has your group participated on the TECH Course previously? If yes, when and who?

How did you learn about the TECH Course?

****You must bring this form, together with your completed liability and medical forms of all participants with you when you meet with the Assistant Director of Student Activities.**