

R.O.P.E.S. PROGRAM GOALS FORM:

The more we know about your group, the better equipped we will be to design a program and choose activities that address your group's purpose for participating. Please be specific when filling out this form. Feel free to use the reverse side if more space is needed, or call the office if you have any questions (587-3148).

Your name: _____ Group: _____
Number of participants: _____
Program date: _____ Scheduled time: _____

Background:

Please tell us about the nature of your group: how long has the group been together; what is their mission; what dynamics exist within the group that may have an impact on its experience?

Prior Experience:

Please describe any group or experiential activities this group may have done prior to coming to the course.

Goals:

What do you wish to accomplish with your group through a R.O.P.E.S. program? This information will help us plan activities that match the needs of your group. Topics of focus might include: communication, team building, empowerment, problem-solving, quality improvement, individual and group responsibilities, cooperation, trust, self-awareness, incorporation of specific training topics, skill building, among others.

Special Requests:

Please explain any special requests your group may have. (For example, list specific activities or exercises that you would like to do, ways you would like the group split into smaller groups, etc). Is there anyone with special needs?

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