

## GOALS FORM

*The more we know about your group, the better equipped we will be to design and choose initiatives that address your group's purpose for participating. Please be specific when filling out this form and email back to us. Contact us if you have any questions.*

**Name of Group:**

**Number in Group:**

**Day-of Contact Name and Phone Number:**

**Number of Participants:**

**Date of Group:**

**Scheduled Time of Group:**

**Goals** - *What do you wish to accomplish with your group through a ROPES 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.*

**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:*

**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?*