

HOWELL NATURE CENTER EAGLE QUEST PROGRAM
NEEDS ASSESSMENT

We would appreciate it if you would take a few minutes to complete this participant assessment. This will help us to better meet your needs.

Group Name _____ Program Date _____

Contact Name _____

1. Who are the participants?

Age range --

Number of males --

Number of females --

Total number of participants --

Any physical disabilities? If so, what are they?

How long has the group been together?

Does the group work in the same office? _____ Building? _____ City? _____

Is the group comprised of managers? _____ Mixed Group? _____

**2. How do the members of the group interact with one another in the workplace?
Please be as specific as possible.**

4. Are the members of your group required to participate in this activity/course?

**5. Have you or any members of your group participated in a ropes course program before?
If yes, where and when?**

**6. Are there any problems and/or issues you would like activities and debriefs
to address? If so, please explain. Use the back if necessary.**

PLEASE FILL OUT BOTH SIDES OF THIS FORM

7. What are the goals your group hopes to accomplish with the ropes course program? Check all that apply --

Cooperation ____ **Trust** ____ **Communication** ____

Quality ____ **Fun** ____ **Confidence** ____

Team-building ____ **Leadership** ____ **Problem-solving** ____

Managing differences ____ **Respect for diversity** ____

Appropriate risk -taking ____ **Strategic goal setting** ____

Mutual support ____ **Physical challenge** ____

Other -- (Please specify)

5. Comments or additional information you think may assist us in planning for your group.

Mail this completed form at least two week before your scheduled ropes course to:

**Howell Conference and Nature Center
1005 Triangle Lake Road
Howell, MI 48843**

**If you have any questions, please call the Howell Conference and Nature Center at 517-546-0249.
Thank you.**