

Group Needs Assessment

For the challenge course experience

Please fill out this assessment and return to Warm Beach Camp at least two weeks prior to your visit. This information helps our facilitators plan your experience. Please keep in mind stated goals are not a guarantee of outcome as some groups take longer to achieve goals.

Group Name: _____ Date of Program: _____

Type of Group: _____ Number of Participants: _____

Contact Person: _____ Phone: _____

Email: _____

Where would you like to meet your facilitators at Warm Beach Camp?

Please describe your group and what your group does?

How long has your group been established?

Are there any official or unofficial sub-groups within your larger group? Have you observed any other dynamics that you would like to share with us?

What are your group's goals? (i.e. get to know each other, leadership, trust, faith, communication, and unity.)

Are there any specific participant needs or requirements within your group? Do you have a specific expectation for your experience?

If you have any questions, please contact our Recreation Manager at 360-312-3623.