

Program Planning Questionnaire

Instructions: Please have the group leader complete this questionnaire to help us design a program that best suits your group's goals and objectives.

Today's Date: _____ Desired Date: _____

Desired Program Option: _____ Desired Location: _____ Desired Time: _____

Group Name: _____ Group Size _____ Age Range of Group: _____

Contact Name: _____ Phone #: _____ Email: _____

1. Please describe your group (what type of group are you?).

2. How well do individuals know each other?

New Group Acquainted Comfortable Close Relationship High Functioning

3. What are your goals for the program?

4. List three strengths of your group and three areas that need improvement.

Strengths of the Group

Areas of Improvement

1.

1.

2.

2.

3.

3.

5. What organizational tasks or projects require teamwork from your group?

6. Has your group participated in a team building program in the past?

7. Does anyone in your group require special accommodations or assistance with participation in the course? Are there members of your group with food or environmental allergies we should be aware of?

8. Is there any additional information about your group that you would like to share?