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765-584-ROPE

Needs Assessment: Corporate

Company Name: _____

Department or Group Type: _____

Date of Program: _____ Time: _____ AM/PM To: _____ AM/PM

Contact Person: _____ Date Confirmed: _____

Phone: _____ Number of Participants: _____

- What are your goals for the participants?

- Can you think of any outcomes you would like to see at the end of the program?

- What are the standard daily duties of the group?

- Have they had any experiences at Camp YALE or with experiential learning?

- What are some common problems or obstacles the group encounters daily?

- Are there norms/rules/structures already established for how the group operates?
What are they?

- Are there teaching components you want to incorporate/build on during the program?

- Please indicate any specific elements or activities you would like to include in the program (leave blank if you want us to customize your experience) :

<input type="checkbox"/> all aboard	<input type="checkbox"/> Australian trolley
<input type="checkbox"/> line-up beam	<input type="checkbox"/> Climbing tower
<input type="checkbox"/> peanut butter-pit	<input type="checkbox"/> cargo net
<input type="checkbox"/> Mohawk walk	<input type="checkbox"/> zip-line
<input type="checkbox"/> incomplete bridge	<input type="checkbox"/> fishing
<input type="checkbox"/> traffic jam	<input type="checkbox"/> archery
<input type="checkbox"/> wild woosy	<input type="checkbox"/> nature walk
<input type="checkbox"/> nitro-crossing	<input type="checkbox"/> group break-outs for processing and reflection
<input type="checkbox"/> spiders web	<input type="checkbox"/> orienteering
<input type="checkbox"/> up and over wall	
<input type="checkbox"/> up and over beam	
<input type="checkbox"/> stump garden	
<input type="checkbox"/> whale watch	

- What do you see as the greatest strengths/weaknesses of the team?

- What are the greatest opportunities for improvement in the group's performance?

- How would you describe your role on the team?

- Will the group be arriving together?
- Do you have any trained facilitators? How many? Do you want to lead the group or have the facilitators provided by Camp YALE?
- What is your tentative schedule for the day?
- Will you be having lunch here? Do you need us to schedule catering?
- Are there any medical concerns to be aware of?