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765-584-ROPE

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**Needs Assessment: Not-for-profit**

Group Name: \_\_\_\_\_ Date of Program: \_\_\_\_\_

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Contact Person: \_\_\_\_\_ Date Confirmed:  \_\_\_\_\_

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Number of Participants: \_\_\_\_\_ Number of Facilitators: \_\_\_\_\_

Group Type: \_\_\_\_\_ Avg. age: \_\_\_\_\_

Bringing own lunch: Yes/No \_\_\_\_\_ Time: \_\_\_\_\_

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- What are your goals for the participants?
  
- Can you think of any outcomes you would like to see at the end of the program?
  
- Who are the participants (how many, age range, number of chaperones, role of chaperones, gender)

- What is the purpose of the group?
  
- Have they had any experiences at Camp YALE or with experiential learning?
  
- How often does this group meet? Is it an in tact group that meets regularly and has established norms?
  
- Are there norms/rules/structures already established for how the group operates?  
What are they?
  
- Are their teaching components you want to incorporate/build on during the program?
  
- What do you see as the greatest strengths/weaknesses of the team?

- What are the greatest opportunities for improvement in the group's performance?
- What do you feel your contributions to the team are?
- How would you describe your role on the team?
- What times are you considering?
- Will the group be arriving together?
- How are the meals going to be handled?
- Do you have any trained facilitators? How many? Do you want to lead the group or have the facilitators provided by Camp YALE?
- Are there any medical concerns to be aware of?