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?