

Challenge Course Needs Assessment Survey

➤ Contact Person _____

➤ Name of Organization _____

➤ Position in Organization _____

How many people will be participating in this experience? _____

Do these people work closely in their environment? _____

If no, please explain _____

What issues, concerns or skills are you interested in targeting and working on?
(Please Circle)

LEADERSHIP TRUST TEAMWORK COMMUNICATION

COOPERATION PROBLEM-SOLVING DECISION-MAKING

CONFLICT RESOLUTION MOTIVATION

Please elaborate on specific areas you would like to see targeted.

Are there any other areas not mentioned that you would like us to help develop?

If yes, please explain:

What previous teambuilding has this group experienced?

Please give a brief summary of this group's dynamics.

Please rate the anticipated comfort level of the participants to this experiential training.
(Please Circle)

Very Comfortable Comfortable Not Very Comfortable Uncomfortable

Please list any possible physical limitations of your participants.

Our goal is to help your group get the most from this experience. Please list any other suggestions or concerns regarding your participants.

Please return at least **two weeks** before the date of service to:

TIES THAT BIND, INC.
Attention: Lisa Baggett
3832 Wethersfield Circle
Titusville, FL 32780