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