



Team Building Experience Planning Worksheet

Team Building Experience Organizer: Please use this form to assist us in designing a team building program that is customized for your group.

Name _____ Title _____

Organization _____

Contact Phone (Work) _____ (Cell) _____

Email _____

Program Schedule: Date _____ Starting Time _____ Ending Time _____

Number of Participants _____ Number of Accompanying Staff/Chaperones _____

1. Please describe your group: Nature of relationship between group members (coworkers, members of sports team, classmates..., grade level or age range of group members, etc.)

2. How long has this group been together? Have there been recent changes to the make-up of the group?

3. What are your goals for the team building experience? Are there specific skills that you would like us to focus on (communication, leadership, problem solving, goal setting...)? Are there specific aspects of group development that you would like us to focus on (incorporating new group members, fun)?

4. Are there any special considerations relating to your group (or for individual members) that we should be aware of, i.e., physical/medical considerations/restrictions?

5. For youth groups: What role do chaperones intend to have during the program– observer, participant...?

6. If you are already familiar with the team building activities offered at LGCT, are there certain initiatives or elements that you would like the group to experience/that you prefer are not included?

7. Please provide any additional thoughts you have regarding your group, the expectations the participants have for their experience and/or your expectations.
