



Adventure Education Challenge Course Inquiry and Group Assessment Form

Group/Organization Name:

Contact Person:

Email:

Address:

Number / Street

City

State

Zip Code

Phone:

Requested Program Date:

Time:

Number of Participants:

Age Range:

Type of Course:

Has this group or group leader participated in a UREC Challenge Course Program before?:

If yes, when and what group:

What specific topics are important to address in the workshop for this group? Please select all that apply

Goal Setting

Dealing with conflict

Problem Solving

Collaboration

Trusting each other

Decision making

Self-Confidence

Effective communication

Dealing with/adapting to change

Socialization/Getting to know one another

Comments:

Organization Description

Please be as detailed as possible in your responses to the follow questions:

Describe what you feel are your team's major weaknesses / areas for improvement.

Describe any projects / activities / events that your organization completes or will complete as a team.

Describe your team's major strengths /attributes.

The Goal – Please describe the end result that you envision for your Challenge Program workshop experience.

Please email completed form to urecadventure@lsu.edu

University Recreation

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