



## Eagle Challenge Course Questionnaire

Group Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date of Program: \_\_\_\_\_ Number of Participants: \_\_\_\_\_

This questionnaire is to help improve and customize your course option. Please be honest and complete to the fullest of your ability. Use the back if needed.

**Please bring to your Pre-Course meeting.**

1. Describe your group. How well do the members of your group know each other? Are they physically fit? Are they adventurous?
  
2. What does your organization represent and what is its purpose (can include mission statement/vision)?
  
3. Why did your organization choose to participate on the Eagle Challenge Course? What are your groups short and long term goals?
  
4. What experience, if any, has your group had with Challenge Courses and/or teambuilding programs?
  
5. What are your goals/expectations for this Challenge Course Program? (Please number in order of priority)
  - a. Have some fun and create community
  - b. Create a shared experience
  - c. Enhance decision making/problem solving
  - d. Enhance communication skills
  - e. Enhance trust
  - f. Enhance leadership skills
  - g. Other (explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
6. When your program is through, what change(s) would you like to see in your group?
  
7. Are there any challenges your group is/will be facing in the near future?
  
8. Will the contact person, group leader or chaperone be attending the ECC Program? If so, what is their function? If not, who will be the contact person for the day and what phone number can they be reached at the day of?