

Goals Form

The more we know about your group, the better equipped we will be to design a program to effectively address your group's purpose in being at the Browne Center. **Please return this completed form at least 14 days prior to your program.**

Group Name/Organization:		
Program Date(s):		Program start & end time:
Contact Name and phone #s- please include mobile# for day of program:		
# of Students:	Male to female ratio %?	# of Chaperones:
# of Groups:	Are they pre-divided? Y / N	How was the division done?
Transportation: Cars or Busses?		Lunch? Bring own food, catering, or order take out
Meal time: what time would you like lunch?		Known food allergies?

Background: Please tell us about your group...

What ages are the participants?

Do they know each other's names? Y / N

How often do they meet as a group? Duration the group has been together?

What is the purpose of group?

How would you characterize their interactions? *i.e. respectful, warm, disruptive, friendly, physical...*

What dynamics/issues exist within the group that may have an impact on its experience? Are there any subgroups/cliques within this group?

Are there any members with special physical needs that we should be aware of to help in designing a fully inclusive program? Will they have a support team or person?

Are there any behavioral or emotional issues that we should know about? If so, are there any particular methods, norms, by which they are addressed?

Prior Experience:

Please describe any experiential activities this group may have done prior to coming to the course. What was successful? What was not?

Goals:

What do you wish to accomplish with your group through an action learning program? Include both short and long-term goals, as well as group and individual objectives.

Will the program goals and desired outcomes be discussed with the group prior to the program (recommended)?

What lead up activities will you be doing with the group?

Is there a social contract already in use by this group/organization? If yes, please share any language/guidelines so we can be consistent or build off this pre existing document.

What follow-up activities will you be doing with the group?

How will the chaperones, professional staff, teachers participate in this program? Will they help frame the purpose/intro? Be a full participant? Participate in the debrief? (The more involved they are with the entire process, the stronger the transfer to your curriculum or program.)

What would make this day a total success for you? For your students?

How will you know if the goals were achieved?

Special Requests:

Please explain any special requests your group may have. (For example, specific activities or exercises that you would like to do.)

Participant Readiness:

- € Please make sure that students 17 and under have had a guardian complete the medical/liability form
- € Programs will run rain or shine (please distribute “what to wear” to participants)