

Heartland Center

Adventure Activities Needs Assessment

Name of Group/Organization: _____

Date and Time of Activity: _____

Activity (please circle: Summit (high course) Clip (high course) Edge (teambuilding)

Contact Person: _____ Phone: _____ Email: _____

of participants: _____ Age range of participants: _____

Has this group participated in a Heartland Adventure Activity before? (circle) YES/NO If yes, please explain:

Are there any participants with special needs? (circle) YES/NO If yes, please explain:

What is the main purpose of the group participating in Heartland Adventures?

Do you have specific objectives or issues you wish to have addressed? (e.g. cooperation, trust, peer respect, group focus, leadership, spirituality)

What would you like the group to take from the experience, or what changes, if any, would you like to see in the group from this experiential learning experience?

Is there any additional information you feel would help us in planning the best possible program and experience for your group?

DON'T FORGET:

1. Signed Release of Liability and Health Form for each participant
2. Sturdy, fully enclosed shoes
3. Water Bottle