

**SCSU Outdoor Endeavors
Husky Challenge Course
Background/Activity Planning Form**

Name of Group or Organization: _____

Contact Person: _____ Email: _____

Phone #: _____

Course Date: _____ Number of Participants: _____

Primary reason why your group is interested in this program:

Are there participants with special needs?

Which of the following elements are important to your group? (please circle)

- | | | |
|------------------------|-------------------|--------------------|
| Play/Fun | Group Development | Effective Feedback |
| Exploring Diversity | Confidence | Cooperation |
| Decision Making | Motivation | Team Building |
| Problem Solving Skills | Visualization | Communication |
| Conflict Resolution | Group Consensus | Trust Building |
| Creativity | Peer Respect | Spirituality |

How will we know if we have met the needs of your group? _____

The most challenging aspects of this program will be: _____

Do you have any other comments or thoughts on what the day should look like?

