Oregon State University
Department of Recreational Sports
Challenge Course

STATEMENT OF PURPOSE AND GOALS

Name of Group: __________________________ Date(s) of Program(s): __________________________

Your Name: ______________________________ Your role within this group: __________________________

We will contact you to further discuss the upcoming program. Please complete the following:

Telephone: __________________________________________
(indicate number & good times to call)

Email: __________________________________________

The More Specific You Are in the Information You Give Us, The Better We Will Be Able to Customize Your Program

Describe the Group:
What does this group do?

How long have you been formed?

How well do members know each other?

How often do you meet?

Describe typical interactions when working together?

State Specific Needs: Please consider and explain the specific needs of the group and / or individuals in the group. This will greatly assist us in designing a unique program for your group?

________________________________________________________________________

________________________________________________________________________

Check the four most important topics you would like to address during your program. For each topic checked, please elaborate on the back of this sheet. Include examples of what improvement would look like in the topic area(s).

cooperation □ creative problem solving □ trust in self and others □
communication □ appropriate risk-taking □ leadership/followership □
goal setting □ quality □ commitment/effort □
mutual support □ physical challenge □ valuing diversity □
camaraderie □ managing differences □ fun □

Other: ____________________________

Did anyone assist you in choosing these topics? YES / NO

If so whom? ____________________________

Return with your other paperwork to:
Mark Belson, Experiential Education Coordinator  204 Dixon Recreation Center  Corvallis, OR  97331