



A Program of Crossroads For Youth

Needs Assessment

Please take the time to fill out this needs assessment. This will assist the facilitators working with your group in planning their day. This allows us to design the best possible day for your group. Thank you

Name of Group: _____

Contact Person's Name and Phone Number: _____

Date(s) you will be using The Adventure Center: _____

Goals:

What is the purpose of your program?

What are your goals for your visit to the Adventure Center?

Do the participants have experience working as a group? Setting Goals?

Readiness and Stage:

How long have the participant known each other?



ADVENTURE CENTER

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Affect and Behavior:

What is the groups comfort level with one another?

What is the general mood of when the group is together?

How does the group handle conflicts?

Are there any individuals who have a strong influence on the group? What does that look like?

Body:

What is the age range and gender mix of the group?

What is their level of ability to focus?

What is their level of physical fitness?

Other:

Is there any other information that we should know about this group?

How did you hear about The Adventure Center?