

OWLS, Inc Program Design Questionnaire

Please take the time to answer these questions so we can better prepare for your course.
What is your purpose in doing this team building program? Can you identify 3 objectives for us to use in designing a program for you?

1. _____

2. _____

3. _____

Briefly describe your company and what it does.

How big is your company?

What department/s will be coming? How does this department relate and interact with others?

Are you using teams currently in your company? How?

Who manages the teams?

For you what is important about your retreat experience in relation to OWLS?

What process did you use to make your last big decision?

What is the Vision for changing roles or building teams?

What are the chief difficulties the teams are currently having or perceived to be having?

What kind of team training is in place?

What do the team leaders know about facilitating?

What tools/strategies are you currently using to identify problems?

How do you currently approach a problem and what do you do to solve the problem as a team?

What do you view as your company or departmental strengths? Weaknesses?

Who are your clients?

How physically willing is your group? Please explain?

Who else are you working with and what are their strategies?

Have you ever participated in a ropes course before and what did you like/dislike about the program?

Would you be interested in having an organizational assessment done? How would an organizational assessment that looks at job match and compatibility help your company?

What is your estimated budget for the OWLS portion of this program **and** what is your estimated retreat budget for each of the following: Travel, lodging, meeting space, and food and beverage?

OWLS Program Budget: _____
 Travel Budget: _____
 Lodging Budget: _____
 Meeting Space Budget: _____
 F&B Budget: _____

Please send the following information:

An organizational Chart

- 1) Billing information
- 2) Addresses and e-mails

Name _____
 Company _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 E-mail _____