

Program Assessment

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Organization & Group Name	Program Date and Time
Group Contact Person and Title	
Email	
Phone Number for Pre-program communication	Phone Number for Last Minute Communication
Will the contact person be present? <input type="checkbox"/> YES <input type="checkbox"/> NO	When would your group like a break/lunch (if needed)?
# of Participants Expected	# of Chaperones Expected
# of Groups	Are groups pre-divided? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, How?

Background:

Group Preparation and Follow-up:

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Location:

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