

www.hemlockoverlook.org

This required form confirms the number of participants attending your Hemlock Overlook program. At the same time, please use this form to create a snapshot of your group so that we may provide the best program to fit the needs of your group. This form is required 6 weeks before your program date!

Group Information Sheet

This form is required 6 weeks before your program date!

School/Group Name: _____

Your name: _____ Grade _____

Phone #: _____ Program Date ____/____/____

Please Confirm the Number of Your Group*:

_____ + _____ = _____

OF FEMALES # OF MALES TOTAL

Type of Transportation/# of Vehicles: _____

(i.e. Car/12, Van/5, School Bus/3. Coach Buses not permitted)

*Please refer to the Teacher/Group Information page on our website for more details.

The skills learned at Hemlock Overlook will last a lifetime. All programs will focus on:

- ✓ Problem Solving in a group setting
- ✓ Active Listening & Effective Communication
- ✓ Cooperation in achieving a common goal

In addition, you may choose to emphasize ONE of the following:

___ Trust/Confidence Building ___ Making Choices

___ Dealing w/ Frustration ___ Showing Respect

___ Understanding Different Perspectives

What is the nature of this group?

Traditional Classroom Religious

Alternative/Center School Sports Team

School Club Community Group

Other: _____

If participating in our Environmental Education Programs please choose the topic here:

Native American/Primitive Skills General Ecology

Landforms Stream Monitoring

Describe the day to day interactions (group climate, do they know each other etc):

What is the biggest challenge the group faces?

Our group would like to leave Hemlock Overlook with:

How do you plan on using your experiences back in the classroom/organization?

Please provide the number of participants with special needs to help us enhance opportunities for all team members:

<input type="checkbox"/> Wheelchair	# _____	<input type="checkbox"/> ADD	# _____	<input type="checkbox"/> Non-English/ESL	# _____
<input type="checkbox"/> Cerebral Palsy	# _____	<input type="checkbox"/> ADHD	# _____	<input type="checkbox"/> Sprains/Breaks etc.	# _____
Degree of Mobility:		Notable Behavior Issues:		Other:	