**Group Profile**

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| **School or Group Name:** |  | | | |
| **Program Dates:** |  | **Grade(s):** | |  |
| **Estimated Student Numbers:** |  | **Estimated Adult Numbers:** | |  |
| **Planning Coordinator:** |  | | **Phone #:** |  |
| **Attending Lead Teacher:** |  | | **Phone #:** |  |

**Group Information:**

Please take a moment to describe your group’s composition (i.e. class or multiple classes, student council, youth group, relevant group dynamics):

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Are there any complex needs in your group that would be helpful for us to know about in the planning process?

(i.e. students with mobility challenges, complex medical or behavioural conditions, accessibility requirements, etc.)

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From your perspective, what are the primary goals of the program? What are you hoping students gain from the experience?

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Any other information you would like us to know about your group:

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