Team Formation: Student Input Form

Personal Info

Name ____________________________________________________________

Age/DOB ______________________ College ________________________

I. Are you a..?  O Talker  O Listener

II. When are you available to meet with your team? Check all that apply.

O School hours  O Before/after school hours  O Weekends

III. Where do you currently live?  O City/Campus  O North Suburbs

O South Suburbs  O West Suburbs

IV. The names of two people you’d most like to have on your team?

1. __________________________________________________________________

2. __________________________________________________________________

V. The names of two people you’d least like to have on your team?

1. __________________________________________________________________

2. __________________________________________________________________

Note: The information provided in Sections IV and V will remain confidential.

Disclaimer

The IPD faculty will make best effort to accommodate everyone’s desires for pairing within the student teams. All reasonable requests will be considered when evaluating students based upon discipline specific skill level, personality type, schedule, and balance among the teams; however, no requests can be guaranteed.