Request for Facilitator Worksheet

Our group name: __________________________ Date of request __________________

Our contact person: ________________________ Telephone: ____________________

E-mail address: ____________________________

1) Purpose of the group meeting:

2) What we want to have accomplished at the end of the meeting(s):

3) Context of the group meeting (need for meeting, how it came about, any issues facilitator might need to know such as givens, or things that cannot be changed or things that must happen):

4) Date and times of group meeting:

5) Location of meeting:

6) Space (work with facilitator to design space):

7) Type and number of members in the group:

8) Anticipated number of times group will need to meet:

9) Equipment/supplies/materials needed (to be discussed with facilitator):

10) Snacks or food and beverage:

11) Documentation - Who will be responsible to document the process and action of the meeting(s)? (work with facilitator on this):

12) Agenda (design with facilitator):

Missouri Department of Health and Senior Services