

Course Title	All team members participated in the creation of this charter and agree with its contents.
Instructor	
Course Dates	

Team Member's Personal Information

Name	Phone	Fax	e-mail

Team Member's Schedules

Name	Days Usually Available (check all that apply)							From -	Until	Zone
	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun	<input type="checkbox"/> Mon			
	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun	<input type="checkbox"/> Mon			
	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun	<input type="checkbox"/> Mon			
	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun	<input type="checkbox"/> Mon			
	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun	<input type="checkbox"/> Mon			
	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun	<input type="checkbox"/> Mon			

Team Member Skill Inventory

Name	Areas individual members can contribute/want to develop

Learning Team Goals

Name	Project assignment goals, group process goals, quality level goals, etc.

What are the Potential Barriers to the Achievement of These Goals?

Name

Faculty Member Feedback to Students