



Learning Team Charter

COURSE TITLE _____
INSTRUCTOR _____
COURSE DATES _____

All team members participated in the creation of this charter and agree with its contents. ☐ (Please check)

TEAM MEMBERS/PERSONAL INFORMATION

NAME	PHONE	FAX	E-MAIL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TEAM MEMBER SKILL INVENTORY

(Areas individual members can contribute/want to develop)

LEARNING TEAM GOALS

(May include project assignment goals, group process goals, quality level goals, etc.)

What are potential barriers to the achievement of these goals?

GROUND RULES

Meeting schedule, locations, attendance expectations, agenda, assignment completion, communication methods, etc.

CONFLICT MANAGEMENT

What are potential conflicts that might arise among or between team members during this course? How will team members deal with these and other conflicts?

FACULTY MEMBER FEEDBACK TO STUDENTS
