Facilitator Workshop Information Coversheet

Name_____ Name:_____ Name:_____

Address_____ Address:_____ Address:_____

_____ _____ _____

Email:_____ Email:_____ Email:_____

Phone:_____ Phone:_____ Phone:_____

Workshop Information:

Workshop Date_____

Location (City, State)_____

Workshop Length_____

# of participants_____

# of participant survey forms attached_____

Please attach a copy of the workshop agenda to this coversheet.

Workshop Type (check all that apply):

- ☐ Early Childhood
- ☐ Secondary (7th-12th)
- ☐ PreK-8
- ☐ Pre-Service (Teachers in Training)
- ☐ PreK-12 (PreK-8 + Module or EC)
- ☐ Facilitator Training
- ☐ College Course
- ☐ Other _____

Was this a Joint Workshop? :

- ☐ With WET
- ☐ With WILD
- ☐ With Other_____
- ☐ N/A

Number of Guides Distributed:

- _____ PreK-8
- _____ Focus on Risk
- _____ Early Childhood
- _____ Solid Waste
- _____ Focus on Forests
- _____ Places We Live
- _____ Forests of the World
- _____Energy & Society

Demonstration of Online Resources:

- ☐ Resources by Activity
- ☐ Earth & Sky
- ☐ Online Community
- ☐ *Branch* Newsletter

Discussion of Service-Learning:

- ☐ *GreenWorks!*
- ☐ *GreenSchools!*

Training in Online Modules:

- ☐ Biodiversity
- ☐ Biotechnology

1. Please list the PLT activities that were used in the workshop.

2. Are there any resources or support materials that would make it more comfortable for you to host a workshop?

3. Please use the below space to reflect on the workshop. (Feel free to be creative here)

Participant Information

Name:_____

School/Organization:_____

Permanent Mailing Address:_____

City:_____ **State:**_____ **Zip:**_____

Email:_____ **Phone:**_____

☐ **Check box if you would like to receive PLT updates and notification of new editions of the *Branch*, PLT's quarterly on-line newsletter**

1. I've been teaching _____ years and my position is:

☐ Preschool Teacher ☐ Elementary Teacher

☐ Middle School ☐ High School Teacher

☐ Administrator ☐ Pre-service/University Student

☐ Pre-service Instructor ☐ Non-formal Educator

☐ Homeschool Educator ☐ Other_____

2. Student Demographics:

☐ Urban

☐ Suburban

☐ Rural

3. In what subjects will you use PLT?

☐ Science ☐ Social Studies ☐ Math

☐ Language Arts ☐ Reading ☐ Physical Education

☐ Visual Arts ☐ Preforming Arts ☐ Special Education

☐ Other_____

4. How often will you use PLT?

☐ Weekly

☐ Monthly

☐ Several times a year

5. How did you learn about PLT?

☐ Colleague ☐ Conference/Exhibit

☐ School Administrator ☐ Publications (PLT newsletter, brochure, flyer, website)

☐ Professional Organization ☐ Media (magazine article, newspaper)

6. Estimated number of students impacted per year from your use of PLT activities?_____

☐ **Check box if you're interested in becoming a PLT facilitator**_____

Workshop Evaluation

By completing this form, you are helping to enhance and improve the workshop experience for future participants.

Circle the response closest to your opinion:

5 = Strongly Agree
4 = Agree
3 = Unsure
2 = Disagree
1 = Strongly Disagree

Workshop

1. Covered information, strategies, and instructional methods that are beneficial	5	4	3	2	1	N/A
2. Prepared you to use PLT materials with your audience/ professional needs	5	4	3	2	1	N/A
3. Contributed to your knowledge of environmental education	5	4	3	2	1	N/A
4. Materials will help you address student academic standards	5	4	3	2	1	N/A
5. Adequate time length	5	4	3	2	1	N/A
6. Course met your expectations	5	4	3	2	1	N/A

7. Comment or suggestions for improvement:_____

Location & Facility

9. Was comfortable/ enough space	5	4	3	2	1	N/A
10. Contained a minimum number of distractions	5	4	3	2	1	N/A

11. Comments or suggestions for improvement:

_____

_____

Materials

12. Printed materials are well organized	5	4	3	2	1	N/A
13. Materials used in appropriate numbers	5	4	3	2	1	N/A
14. Materials were relevant to the activities presented	5	4	3	2	1	N/A

15. Comments or suggestions for improvement:

_____

_____

Evaluation of Facilitator(s)

By completing this form, you are helping to improve the facilitator's instructional methods for future workshop participants.

Circle the response closest to your opinion

5 = Strongly Agree
4 = Agree
3 = Unsure
2 = Disagree
1 = Strongly Disagree

***If there is more than one facilitator, please evaluate group as a whole. If you would like to leave individualized comments, please use the space below.**

Location/Date of Workshop: _____

How well did the facilitator(s) do the following?

1. Related material to workshop's need/interest	5	4	3	2	1	N/A
2. Skilled in instructional techniques/methods	5	4	3	2	1	N/A
3. Encouraged participant involvement	5	4	3	2	1	N/A
4. Stayed on topic	5	4	3	2	1	N/A
5. Utilized good time management/organization	5	4	3	2	1	N/A
6. Provided time for Q & A	5	4	3	2	1	N/A
7. Answered questions completely	5	4	3	2	1	N/A
8. Used guide/support materials adequately	5	4	3	2	1	N/A
9. Demonstrated good knowledge of PLT program or theme/focus of workshop	5	4	3	2	1	N/A

10. Comments or suggestions for improvement?