



PROJECT LEARNING TREE® FACILITATOR COVER SHEET

State Coordinator Use Only:

- Quarterly
 Database

(Please fasten securely to accompanying **PARTICIPANT INFORMATION** and **PD EVALUATION FORMS**)

I. Facilitator Information

Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
_____	_____	_____
Email: _____	Email: _____	Email: _____
Phone: _____	Phone: _____	Phone: _____

II. Professional Development Information

Event Type

Date(s) _____

 In-Person Blended (In-Person & Online) Online only*This includes the virtual training model*

Location (City, County) _____

Select the description that most closely represents this professional development event.

of participants _____

 Up-to-half day (up to 4 hours) Up-to-five days (17-30 hours)

of participant information forms attached _____

 Full day (5-8 hours) More-than-five days (more than 30 hrs)

of PD evaluation forms attached _____

 Two full days (9-16 hours) College or university course

of in-kind hours: (Include the time it took to organize,
advertise, prepare, conduct, travel to and from, and wrap-up
the workshop).

Pre-workshop _____ Post-workshop _____

PLT Guides/Codes Distributed:

_____ New! Explore Your Environment: K-8 Activity Guide

_____ PreK-8 Environmental Experiences Activity Guide

_____ Early Childhood

_____ Focus on Forests

_____ Forests of the World

_____ Municipal Solid Waste

_____ Focus on Risk

_____ Places We Live

_____ Southeastern Forests and Climate Change

_____ E-Unit Codes for _____

Workshop Type:

 PreK-8 PreK-12 Early Childhood Secondary Pre-service Southeastern Forest & Climate
Change

Was this a Joint Workshop?

 With WET With WET & WILD With WILD

III. Professional Development Event Summary

- Attach an agenda or brief outline of your PD event/workshop format. Specify which PLT activities from the PreK-8, secondary modules, or other PLT materials you included and why.
- What was your registration fee? _____ If none, how was it supported? _____
- If PLU's were offered, how many? _____ Any other credits (i.e., contact hours)? _____
- Tell us your overall view of the workshop – include problems/successes and your assessment of the participants' responses. Please include any highlights or interesting moments from your workshop.
- I would _____ would not _____ be interested in facilitating another PLT workshop because:

Please complete one of these forms each time a different group of participants is involved.
The PLT staff would like to thank you for your time and effort in providing this information.