



# PROJECT LEARNING TREE® FACILITATOR COVER SHEET

*(Please fasten securely to accompanying **PARTICIPANT INFORMATION, PD EVALUATION FORMS,** and a final **AGENDA** with your **outcomes and objectives** you were intending to meet during the workshop.)*

## I. Facilitator Information

Name: _____ Address: _____ _____ Email: _____ Phone: _____	Name: _____ Address: _____ _____ Email: _____ Phone: _____	Name: _____ Address: _____ _____ Email: _____ Phone: _____
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## II. Professional Development Information      Event Type

Date(s) \_\_\_\_\_       In-Person       Blended (In-Person & Online)       Online only

Location (City, State) \_\_\_\_\_      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

**# PLT Guides Distributed:**

_____ Early Childhood	_____ Solid Waste
_____ PreK-8	_____ GS Investigations
_____ Energy & Society	_____ Biodiversity
_____ Focus on Forests	_____ Biotechnology
_____ Forests of the World	_____ Southeastern Forests
_____ Places We Live	_____ and Climate Change
_____ Focus on Risk	

**Workshop Type: Check all that apply**

<input type="checkbox"/> Environmental Experiences for Early Childhood
<input type="checkbox"/> Early Childhood <input type="checkbox"/> K-8
<input type="checkbox"/> High School <input type="checkbox"/> K-12
<input type="checkbox"/> Pre-service <input type="checkbox"/> Facilitator

## III. Professional Development Event Summary:

1. Summarize expenses and/or revenues involved in your workshop. Include any in-kind support, i.e. contributions or personnel from agency, community, industry, or other partners (time, travel, refreshments, materials, space, etc).
  
2. Tell us your overall view of the workshop – include problems/successes and your assessment of the participants’ responses.
  
3. The NC PLT Coordinator helped me prepare for my workshop. *(agree)* **1 2 3 4** *(disagree)* **COMMENTS??**
  
4. I would \_\_\_\_\_ would not \_\_\_\_\_ be interested in facilitating another PLT workshop because:

The NC PLT Advisory Committee would like to thank you for your time and effort in facilitating the PLT workshop and providing this information. *FEB 2019*