

PROJECT LEARNING TREE® FACILITATOR COVER SHEET

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

I. Facilitator Information			
Name:	Address:		Name:Address:
Email:Phone:	Email:		Email:Phone:
II. Professional Development Information Event Type			
Date(s) Location (City, State) # of participants # of participant information forms attached # of PD evaluation forms attached			ed (In-Person & Online)
# PLT Guides Distributed: Early Childhood Solid War GS Invest Biodivers Focus on Forests Biotechn Forests of the World Southeas	stigations sity		or information about the workshop:
III. Professional Development Event Summary: (For PLT State Coordinator's use. Below are examples of information you may want to collect for your state PLT program. Adapt the following for your own purposes as you wish.)			
1. Attach an agenda or briefly outline your PD event/workshop format, specifying which PLT activities from the PreK-8, secondary modules, or other PLT materials you included and why. Describe what factors influenced the topics and strategies that you used and the outcomes and objectives you were intending to meet.			
2. 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.			
3. Please list academic, continuing education, or other credits provided, if any. Include type and number people who took the workshop for credits.			
 4. Tell us your overall view of the workshop – include problems/successes and your assessment of the participants' responses. 5. I would would not be interested in facilitating another PLT workshop because: 			