



PROJECT LEARNING TREE®

EVENT/WORKSHOP FACILITATOR COVER SHEET REPORT

Revised February 2021

(Please forward PARTICIPANT INFORMATION, EVALUATION FORMS, FINAL AGENDA and IMAGES to plt@dnr.ohio.gov)

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
Workshop Title _____	Select the description that most closely represents this professional development event.		
Location (City, County) _____	Up-to-half day (up to 4 hours)	Up-to-five days (17-30 hours)	
# of participants _____	Full day (5-8 hours)	More-than-five days (more than 30 hrs)	
# of participant information forms attached _____	Two full days (9-16 hours)	College or university course	
# of evaluation forms attached _____			

PLT guides distributed:

# of guides	<i>Print</i>	<i>Online Code</i>	# of guides	<i>Print</i>	<i>Online Code</i>
_____ Early Childhood			_____ Solid Waste		<i>(print only)</i>
_____ K-8 Guide			_____ GS Investigations		
_____ Energy & Society	<i>(print only)</i>		_____ Biodiversity		<i>(print only)</i>
_____ Focus on Forests	<i>(print only)</i>		_____ Biotechnology		<i>(print only)</i>
_____ Forests of the World	<i>(print only)</i>		_____ Forests & Climate Change		<i>(print only)</i>
_____ Places We Live	<i>(print only)</i>		_____ Green Jobs		
_____ Focus on Risk	<i>(print only)</i>		_____ E-Units		<i>(online code only)</i>

Specify Unit:

In the space below, please provide any additional information.

III. Professional Development Event/Workshop Summary

1. Provide a final agenda and brief outline of your PD event/workshop. Specify which PLT activities or other materials you included and why.
2. Summarize expenses and/or revenues. Include any in-kind support, i.e. contributions or personnel from agency, community, grant, or other partners.
3. Please list academic, continuing education, or other credits provided, if any.
4. Tell us your overall view of the PD event.
5. Describe how you intend to follow-up with your PD event/workshop participants.
6. 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.