PROJECT LEARNING TREE®

Revised February 2021

EVENT/WORKSHOP FACILITATOR COVER SHEET REPORT

(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

Date(s)_____

Workshop Title _____

Location (City, County)_____

# of participants _____
# of participant information forms attached _____
# of evaluation forms attached _____

Event Type

◯ In-Person ◯ Blended (In-Person & Online) ◯ Online only

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

◯ Up-to-half day (up to 4 hours)
◯ Full day (5-8 hours)
◯ Two full days (9-16 hours)
◯ Up-to-five days (17-30 hours)
◯ More-than-five days (more than 30 hrs)
◯ College or university course

PLT guides distributed:

# of guides		*Print*	*Online Code*
____	Early Childhood	☐	☐
____	K-8 Guide	☐	☐
____	Energy & Society	*(print only)*	
____	Focus on Forests	*(print only)*	
____	Forests of the World	*(print only)*	
____	Places We Live	*(print only)*	
____	Focus on Risk	*(print only)*	

# of guides		*Print*	*Online Code*
____	Solid Waste	*(print only)*	
____	GS Investigations	☐	☐
____	Biodiversity	*(print only)*	
____	Biotechnology	*(print only)*	
____	Forests & Climate Change	*(print only)*	
____	Green Jobs	☐	☐
____	E-Units	*(online code only)*	

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.