

## *Appendix A: Sample Forms*

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These are the forms you will need to plan and conduct your workshop:

- Workshop Proposal Form
- Facilitator Coversheet Form
- Participant Survey Form
- Sample Certificates
- Facilitator Expense Sheet
- Sample Receipt for Workshop Expenses



## WORKSHOP PROPOSAL (5/2011)

**Mail to:** Dave Walters, TN Division of Forestry, PO Box 40627, Nashville, TN 37204

**FAX to:** Tennessee Forestry Association at 615-883-0515

**E-mail:** Dave Walters [Dave.Walters@tn.gov]

**Please allow at least 4 weeks!**

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

(No PO Boxes, please – Please indicate if address is a home or business)

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Business phone:** \_\_\_\_\_ **Home phone:** \_\_\_\_\_

**FAX Number:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Date(s) of Proposed Workshop:** \_\_\_\_\_ **To** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Co-Facilitator(s):** \_\_\_\_\_ **Local Partners Involved:** \_\_\_\_\_

**Audience:**  Early Childhood  PreK-8  PreK-12  Preservice  Secondary  Nonformal  Other Professionals  
(check all that apply)

**Is your workshop open to anyone?**  yes  no

If yes, the date, location and your name and email address will be listed on the PLT website “Calendar of Events.”

### Number of PLT Guides Needed

PreK-8: \_\_\_\_\_ Spanish Translations: \_\_\_\_\_ GreenWorks Guides: \_\_\_\_\_

Secondary Modules:

Focus on Forests (Issues): \_\_\_\_\_ Forest Ecology: \_\_\_\_\_

Municipal Solid Waste: \_\_\_\_\_ Focus on Risk: \_\_\_\_\_

Places We Live: \_\_\_\_\_

**Please also complete Page 2.**

## WORKSHOP PROPOSAL (Page 2)

**Please respond to the following questions regarding your proposed Workshop Format/Agenda.** Please also submit a workshop agenda that includes a list of activities you plan to feature.

1. Who is your audience and what is the primary focus or overall theme of your workshop?
2. How will you address the topics of professional development, content knowledge, subject area standards, learning styles, etc.?
3. How will you address the goals of environmental education?
4. How will you provide information about PLT's history and sponsors?
5. Will you introduce how PLT addresses these topics?
  - Learning styles
  - Differentiated Instruction
  - Technology
  - Reading Connections
  - Other topics?
6. Please list or indicate in the agenda what activities you will model.
7. In order to increase participants' knowledge, will you provide additional content/background information as related to your workshop theme/focus or for the activities you model? Please describe or provide an example or indicate in the agenda.
8. Will you provide lesson planning time for the participants?
9. Will the participants view the PLT website during your workshop?
10. Will you introduce information about additional PLT resources (e.g. Earth & Sky, Urban and Community Forestry Web-based Resource, GreenWorks! grant program, the *Branch* newsletter?)

# PROJECT LEARNING TREE® FACILITATOR COVERSHEET

(Please fasten securely to accompanying PARTICIPANTS' WORKSHOP SURVEY Forms)



**Facilitator Information:**

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

**Workshop Information:**

Workshop Date _____	<b>Workshop Type:</b>	<b>Was this a Joint Workshop?</b>
Location (City, State) _____	<input type="checkbox"/> Early Childhood <input type="checkbox"/> Secondary	<input type="checkbox"/> With WET
Workshop Length _____	<input type="checkbox"/> PreK-8 <input type="checkbox"/> Preservice	<input type="checkbox"/> With WILD
# of participants _____	<input type="checkbox"/> PreK-12	<input type="checkbox"/> With WET & WILD
# of participant survey forms attached _____	<b>Training in Online Modules:</b>	<b>Demonstration of Online Resources:</b>
<b># PLT Guides Distributed:</b>	<input type="checkbox"/> Biodiversity	<input type="checkbox"/> Resources by Activity
____ PreK-8                      ____ Focus on Risk	<input type="checkbox"/> Intro Handbook for Secondary Modules	<input type="checkbox"/> Earth & Sky
____ Energy & Society            ____ Solid Waste	<b>Discussion of Service-Learning:</b>	<input type="checkbox"/> Urban Forestry
____ Focus on Forests            ____ Places We Live	<input type="checkbox"/> <i>GreenWorks!</i>	<input type="checkbox"/> <i>Branch</i> newsletter
____ Forest Ecology              ____ Forests of the World		

**Additional Information:**

1. Briefly outline your workshop format, specifying which PLT activities from the PreK-8, secondary modules, or other PLT materials you included, or attach an agenda.
  
2. Summarize expenses and/or revenues involved in your workshop. Include any in-kind support from local sources, for example, agency, community, or industry personnel or contributions.
  
3. Tell us your overall view of the workshop – include problems/successes and your assessment of the participants’ responses.
  
4. 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.**

**Mail forms to: Dave Walters    Tennessee Division of Forestry    PO Box 40627    Nashville, TN 37204**



## PROJECT LEARNING TREE® PARTICIPANT SURVEY FORM

Thank you for your interest in Project Learning Tree. Your comments are essential to ensuring Project Learning Tree programs and materials are as useful as possible for all educators.

<b>Workshop Information:</b>	<b>Please use a pen</b>
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Workshop Date: _____	<b>Workshop Type:</b>	
Workshop Location: _____	<input type="checkbox"/> Early Childhood	<input type="checkbox"/> Secondary
Workshop Facilitators: _____	<input type="checkbox"/> PreK-8	<input type="checkbox"/> Preservice
_____	<input type="checkbox"/> PreK-12	

<b>Participant Information:</b>
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Name: \_\_\_\_\_

School/Organization: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Check** box if you would like to receive PLT updates and notification of new editions of the *Branch*, PLT's quarterly on-line newsletter.

1. My position is:      Preschool Teacher     Elementary Teacher     Middle School Teacher     High School Teacher  
 (check all that apply)      Administrator             Preservice/University Student             Preservice Instructor  
     Nonformal Educator (e.g. scout leader; resource professional, interpreter)             Homeschool Educator
2. Years teaching: \_\_\_\_    No. of students reached/year: \_\_\_\_    Student Demographics:  Urban  Suburban  Rural
3. In what subjects will you use PLT?  Science     Social Studies     Math     Language Arts     Reading  
 (check all that apply)  Physical Education     Visual Arts     Performing Arts     Special Education     Other: \_\_\_\_\_
4. How often do you think you will use PLT activities?     Weekly     Monthly     Several times a year
5. How did you learn about PLT?  Colleague     School Administrator     Professional Organization     Conference/Exhibit  
 (check all that apply)     Publications (PLT newsletter, brochure, flyer, website)     Media (magazine article, newspaper)

<b>Workshop Evaluation:</b>
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	⊗ <i>Disagree</i>				<i>Agree</i> ☺
A. The information, strategies, and instructional methods shared were helpful to you.	1	2	3	4	5
B. The workshop prepared you to use the PLT materials with your audience.	1	2	3	4	5
C. PLT materials will help you address state academic standards.	1	2	3	4	5
	<i>Needs Improvement</i>			<i>Excellent</i>	
D. The facilitators for this workshop were:	1	2	3	4	5
E. Overall this workshop was:	1	2	3	4	5

F. The greatest value of the workshop for use with your audience was:

G. How could the workshop be improved?

H. Additional comments:  Check box if you are interested in becoming a PLT facilitator



## Certificate of Professional Development

presented to

\_\_\_\_\_



In recognition of your successful completion of a  
Project Learning Tree workshop



\_\_\_\_\_  
Location

\_\_\_\_\_  
PLT Facilitator

\_\_\_\_\_  
PLT Facilitator

\_\_\_\_\_  
Date



# *Certificate of Completion*

*is hereby Granted to:*

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*In recognition of your successful completion of a  
Project Learning Tree Workshop*



*Date:* \_\_\_\_\_

*Facilitator:* \_\_\_\_\_

*Facilitator:* \_\_\_\_\_

**Facilitator Expense Sheet  
Project Learning Tree**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Workshop Date(s) \_\_\_\_\_ Location \_\_\_\_\_

**Facilitator Expenses:**

Date	Mileage	From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total: \_\_\_\_\_ @\$(mileage rate) = \$ \_\_\_\_\_

**Other Expenses:** (Please attach receipts, i.e., supplies, food purchased...)  
Amount

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Other Expenses \_\_\_\_\_

Total All Expenses \_\_\_\_\_

\_\_\_\_\_  
Facilitator Signature



*Sample Receipt for Workshop Fees*

*Project Learning Tree*

**Receipt for \_\_\_\_\_ Hour Workshop**

Course

Day(s): \_\_\_\_\_ Date(s): \_\_\_\_\_ Time: \_\_\_\_\_

For: Workshop Fee(s) and/or Materials

Amount Tendered: \_\_\_\_\_ add Workshop Credit:(Y/N)

Lead Facilitator: \_\_\_\_\_

Signature: \_\_\_\_\_