



PROJECT LEARNING TREE[®] FACILITATOR COVER SHEET

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

I. Facilitator Information

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

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 | |

Return Workshop Cover Sheet To:

State Parks return to:
Carissa Longo, Bureau of State Parks RCSOB, 400 Market St., 8th floor, Harrisburg, PA 17101 calongo@pa.gov

State Forests return to:
Jean Devlin, Bureau of Forestry Communications Section, 400 Market St., 6th floor, Harrisburg, PA 17101 jedevlin@pa.gov

All others return to:
Martha Moore, Tyler Arboretum/PAEE, 515 Painter Road, Media, PA 19063 mmoore@tylerarboretum.org

III. Professional Development Event Summary

1. Attach the final 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.
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/hours provided, if any.
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: