



# Georgia Project WET Workshop Evaluation

Thank you for your interest in water resources. Your responses are important to us.



Workshop Date \_\_\_\_\_ Location \_\_\_\_\_ Facilitator \_\_\_\_\_

Workshop Type:  Educator (6-9 hours)  Educator (10+ hours)  Facilitator  Demo

Name \_\_\_\_\_ School/Organization \_\_\_\_\_ City \_\_\_\_\_

How many minutes did it take you to get here today? \_\_\_\_\_ # of students per week you reach \_\_\_\_\_

### Who do you teach/will you teach (Check all that apply.)

- Preschool  Pre-K-2  3-5  6-8
- 9-12  University/college  Pre-service teachers  Adult

### In what setting do you work or teach? (check one)

- Urban  Suburban  Rural

### Please indicate your educational setting. (check all that apply.)

- After school  Agency  College/University  Family  Homeschool
- Nature/environmental center  Private school  Public school
- Preservice or teacher credential candidate  Summer program  other

### How strongly do you agree or disagree with the following statements?

	Strongly Disagree				Strongly Agree		
	1	2	3	4	5	6	7
<b>I acquired new skills at the workshop.</b>							
The workshop increased my knowledge of how to use water resources as the context for interdisciplinary teaching and learning.	1	2	3	4	5	6	7
<b>Students/participants will learn from Project WET activities.</b>	1	2	3	4	5	6	7
The facilitator showed ways to integrate activities into my program.	1	2	3	4	5	6	7
<b>The facilitator was well prepared.</b>	1	2	3	4	5	6	7
The facilitator demonstrated ways to modify activities.	1	2	3	4	5	6	7
<b>The facilitator was knowledgeable.</b>	1	2	3	4	5	6	7
It was worth my time to come today.	1	2	3	4	5	6	7
<b>I am excited to use Project WET.</b>	1	2	3	4	5	6	7
The resources and materials provided at the workshop are useful.	1	2	3	4	5	6	7
<b>I will recommend this workshop to colleagues and friends.</b>	1	2	3	4	5	6	7
Overall, the workshop was excellent.	1	2	3	4	5	6	7

### Just for teachers

<b>The workshop provided me with information on how to use activities to help meet state education standards</b>	1	2	3	4	5	6	7
The workshop provided me with information on how to use activities to help prepare for the state assessment tests	1	2	3	4	5	6	7
<b>The workshop was aligned with school, district, state, or program educational priorities.</b>	1	2	3	4	5	6	7

**How might you implement what you have learned today? (Check all that apply.)**

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Assessment                                 | <input type="checkbox"/> Camp                  | <input type="checkbox"/> Church/community program | <input type="checkbox"/> Festival      |
| <input type="checkbox"/> Field trips                                | <input type="checkbox"/> Fill-in activity      | <input type="checkbox"/> Interdisciplinary unit   | <input type="checkbox"/> Unit          |
| <input type="checkbox"/> Personal behavior                          | <input type="checkbox"/> Youth groups          | <input type="checkbox"/> Professional development | <input type="checkbox"/> Single lesson |
| <input type="checkbox"/> Naturalist program                         | <input type="checkbox"/> Supplemental activity |   |  |
| <input type="checkbox"/> Preservice or teacher credential candidate |  |   |  |

**What are the potential barriers to implementing project WET? (Check all that apply.)**

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Administrative support             | <input type="checkbox"/> Insufficient knowledge | <input type="checkbox"/> Materials |
| <input type="checkbox"/> Money                              | <input type="checkbox"/> Prescribed curriculum  | <input type="checkbox"/> Space     |
| <input type="checkbox"/> State assessments                  | <input type="checkbox"/> State standards        | <input type="checkbox"/> Time      |
| <input type="checkbox"/> Supportive colleagues/team members |   |                                    |
| <input type="checkbox"/> Other _____                        |   |                                    |

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How will you change your instructional practices based on what you have learned today?

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How did this workshop affect you personally?

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If there is additional information about water resources or related educational opportunities that you would like to learn about, please list.

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This Project WET workshop was:

- excellent       good       okay       needs improvement

If this workshop did not meet your expectations, why not?

Would you be willing to participate in a Project WET program evaluation through a survey, interview or classroom observation?

- Yes       No

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_