



GEORGIA PROJECT WET FACILITATOR REPORTING FORM

FACILITATOR NAME: _____

ADDRESS: _____

EMAIL: _____

DAY TIME TELEPHONE NUMBER: _____

EVENING TELEPHONE NUMBER: _____

WORKSHOP LOCATION: _____

WORKSHOP DATE: _____

OTHER FACILITATORS: _____

WORKSHOP TYPE: ___ PRESERVICE ___ INSERVICE ___ OTHER

WAS THIS AN EDUCATOR WORKSHOP ___ OR A DEMONSTRATION WORKSHOP ___?

WERE PLUs OFFERED AS A PART OF THIS WORKSHOP? YES ___ NO ___

NUMBER OF PARTICIPANTS: _____

PARTICIPANT INFORMATION (from sign-in-sheet/evaluation)

Write the number of participants that fit into each category:

PARTICIPANT TYPE:

FORMAL EDUCATORS: _____

NONFORMAL EDUCATORS: _____

EDUCATOR TYPE:

PRESERVICE TEACHERS: _____

INSERVICE TEACHERS: _____

EDUCATOR GRADE LEVELS:

PRE-K: _____

ELEMENTARY: _____

MIDDLE: _____

HIGH: _____

UNIVERSITY: _____

OTHER: _____

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Please use this space to share workshop highlights, lesson adaptations, problems and/or concerns:

What did you like best about facilitating this workshop?

What did you like least about facilitating this workshop?

WORKSHOP COMPLETION CHECKLIST:

- _____ **PROJECT WET WORKSHOP SIGN IN SHEETS**
- _____ **PROJECT WET WORKSHOP EVALUATION FORMS**
- _____ **PAYMENT FOR PROJECT WET GUIDEBOOKS**
- _____ **ANY UNUSED PROJECT WET CURRICULUM GUIDES**



Please mail this form along with the completed items from the above checklist to:

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