

Project Learning Tree Workshop Procedures for Facilitators

Before your workshop:

3 weeks before your Workshop:

✓ **Submit Workshop Proposal Form**

Send your *Workshop Proposal Form* to:

Chelsea York

Georgia Forestry Commission(GFC)

5645 Riggins Mill Road

Dry Branch, GA 31020

cyork@gfc.state.ga.us (email is preferred)

Phone 478-751-3534

NOTE: WE DO NOT MAIL THE GUIDES

They will be transported to the nearest Georgia Forestry Commission office for you to pick up.

See *Workshop Proposal Form*.



PLT workshop certificates are only available electronically, all you have to do is type in the participant's name, date, print it out and sign. Contact Chelsea York at cyork@gfc.state.ga.us for that file.

The NEW 2019 forms are on GeorgiaPLT.org

At your workshop:

- ✓ Participants **MUST** sign the [Sign-in/Waiver Form](#).
- ✓ Participants **MUST** fill out the [Participant Information Form](#).
- ✓ Participants **MUST** fill out the [Professional Development Evaluation](#).

If participants are interested in any of our supplemental materials, please complete the [Supplemental Guide Order Form](#).

After your workshop:

- ✓ Return any un-used books back to the GFC office where you picked them up.
Do not leave paperwork or any payments there.
- ✓ **Fill out the [Facilitator Coversheet](#) and enclose **ALL** of the following. Mail or email (except check) everything to Chelsea (address above):**
 - Sign-in/waiver form(s)
 - Participant Information forms
 - Professional Development forms
 - Payment for books used

Who Ya' Gonna Call?

If submitting workshop proposals and obtaining guides you must notify:

Chelsea York: 478-751-3534

cyork@gfc.state.ga.us

If you are looking for information about workshops or have general questions notify:

Chelsea York: 478-751-3534

cyork@gfc.state.ga.us

Kris Irwin: 706-542-7412

kirwin@uga.edu

We thank you for all you do for Georgia Project Learning Tree!

Georgia Project Learning Tree WORKSHOP PROPOSAL

(Revised 2/2017)

Please submit this form at least 3 weeks prior to your workshop to the address below

Workshop Facilitator(s):

Lead Facilitator: _____

Work Phone: (____) _____ Cell Phone: (____) _____

E-Mail Address: _____

Nearest Georgia Forestry Commission Office: (for pickup of books)

Please refer to gatrees.org "contact us" link.

Co-Facilitator(s):

(1) _____

(2) _____

(3) _____

Date(s) of Proposed Workshop: _____ Times: _____

Location: _____

City/State/Zip: _____

Audience Represented: _____ Expected Number of Participants: _____

Check here if you **WANT** workshop listed on this website www.EEinGeorgia.org. Please provide a flyer with information about cost, registration, location, workshop times and who to contact.

Number of PLT Guides/Modules needed:

_____ PreK-8 Activity Guide **\$25 each**

_____ Environmental Experiences for Early Childhood **\$15 each**

High School modules

_____ *Global Connections: Forests of the World* **\$10 each**

_____ *Exploring Environmental Issues: Focus on Forests* **\$10 each**

_____ *Exploring Environmental Issues: Places We Live* **\$10 each**

_____ *Exploring Environmental Issues: Municipal Solid Waste* **\$5 each**

_____ *Exploring Environmental Issues: Focus on Risk* **\$5 each**

Billing Information:

Name: _____

Mailing address: _____

City/State/Zip: _____

Work Phone: (____) _____ Cell Phone: (____) _____

Fax Number: (____) _____ E-mail: (**must have**) _____

Please attach Proposed Workshop Agenda specifying which PLT activities you plan to use.

Send proposals to:
Georgia Project Learning Tree
Attn: Chelsea York
5645 Riggins Mill Road
Dry Branch, GA 31020
Phone: (478) 751-3534
Email form to cyork@gfc.state.ga.us

Facilitators:

**Georgia Project Learning Tree
Waiver, Photo Release, Sign in**

_____ Date
_____ Location

I agree to protect, indemnify, defend, and hold harmless the Georgia Forestry Foundation, the Georgia Forestry Commission or the UGA Warnell School of Forestry and Natural Resources, their officers, directors, agents, sponsor partners, and employees from any claims against said organizations from my participation in this program. I consent that photographs taken of me, while at the workshop, may be used or reproduced by the Georgia Project Learning Tree, Georgia Forestry Foundation, Georgia Forestry Commission or UGA Warnell School of Forestry and Natural Resources. In consideration of myself, I accept participation in this program provided by the Georgia Project Learning Tree.

May we share your contact info with the other participants?

Print Name	Sign name	Company/School/Organization	Yes or No
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			



PROJECT LEARNING TREE® PARTICIPANT INFORMATION

Thank you for sharing some information about yourself. We use this information to design educational materials and professional development opportunities that are valuable to our educators. Please use a pen and print clearly.

I. Professional Development Information

[Note: This section should be completed by facilitator prior to printing/copying and distributing at PD event]

Date: _____

Location (City, State): _____

Facilitators: _____

PD Event Type

- | | |
|--|--|
| <input type="checkbox"/> Up-to-half day
(up to 4 hours) | <input type="checkbox"/> Up-to-five days
(17-30 hours total) |
| <input type="checkbox"/> One full day or equivalent
(5-8 hours) | <input type="checkbox"/> More-than-five days
(more than 30 hours total) |
| <input type="checkbox"/> Two full days or equivalent
(9-16 hours total) | <input type="checkbox"/> College or university course |

II. Participant Information

Check if you are interested in becoming a PLT facilitator

Name: _____

School/Organization: _____

Preferred Mailing Address: _____

City: _____ State: _____ Zip: _____

Preferred Email: _____

1. My position is: (check all that apply)
- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Elementary school teacher | <input type="checkbox"/> Middle school teacher | <input type="checkbox"/> High school teacher | <input type="checkbox"/> School administrator |
| <input type="checkbox"/> Early childhood educator | <input type="checkbox"/> Pre-service student | <input type="checkbox"/> Pre-service faculty | <input type="checkbox"/> Homeschool educator |
| <input type="checkbox"/> Nonformal educator (e.g. nature center staff) | <input type="checkbox"/> Other college or univ faculty (e.g. natural resources) | | |
| <input type="checkbox"/> Natural resource professional | <input type="checkbox"/> Tree Farmer or landowner | | |
| <input type="checkbox"/> Youth group leader (e.g. Scouts, 4-H) | <input type="checkbox"/> Other, describe: _____ | | |

2. In what subjects will you use PLT? (check all that apply)
- | | | |
|---|--|---|
| <input type="checkbox"/> Science | <input type="checkbox"/> Social Studies | <input type="checkbox"/> Mathematics |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Language Arts | <input type="checkbox"/> Visual Arts |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Performing Arts | <input type="checkbox"/> Physical Education |
| <input type="checkbox"/> Other, describe: _____ | | |

3. How many students do you reach in a typical year? _____

4. What is the primary demographic for your students? Urban Suburban Rural

5. How did you learn about PLT? (check all that apply)
- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Colleague | <input type="checkbox"/> School Administrator | <input type="checkbox"/> Conference |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Online Research | <input type="checkbox"/> Webinar |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Professional Organization | |
| <input type="checkbox"/> Newspaper/TV/radio | <input type="checkbox"/> Journal/publication/newsletter | |
| <input type="checkbox"/> Other, describe: _____ | | |

By providing your contact information, you accept the practices described in Project Learning Tree's Privacy Policy, a copy of which can be found at www.plt.org.



PROJECT LEARNING TREE® PROFESSIONAL DEVELOPMENT EVALUATION

Date(s): _____ Location (City, State): _____

Facilitator(s): _____

Directions: Please read each statement and select the response that best describes your experience.

Setting

	Disagree		Neutral		Agree	Not Applicable
1. The workshop location was easy for me to get to.	1	2	3	4	5	n/a
2. The amenities at the workshop location met my needs.	1	2	3	4	5	n/a
3. The workshop setting was conducive to my learning.	1	2	3	4	5	n/a

Materials

4. The PLT guides(s) meet the academic standards important to my school or audience.	1	2	3	4	5	n/a
5. The PLT guide(s) helped me to learn the content.	1	2	3	4	5	n/a
6. Doing the PLT activities during the workshop helped me to learn the content.	1	2	3	4	5	n/a
7. The information presented helped me to learn the content.	1	2	3	4	5	n/a
8. The handout(s) helped me to learn the content.	1	2	3	4	5	n/a

Facilitator

9. The facilitator demonstrated respect for all workshop participants.	1	2	3	4	5	n/a
10. The facilitator appeared to be knowledgeable about PLT and its activities.	1	2	3	4	5	n/a
11. The facilitator appeared to be knowledgeable about the session content.	1	2	3	4	5	n/a
12. The facilitator was prepared to host the workshop.	1	2	3	4	5	n/a
13. The facilitator used instructional strategies to support my learning.	1	2	3	4	5	n/a
14. The facilitator effectively demonstrated how to conduct each activity.	1	2	3	4	5	n/a
15. The facilitator asked debriefing questions at the end of each activity.	1	2	3	4	5	n/a
16. The facilitator provided adequate time for me to plan how to integrate PLT into my curriculum or programs.	1	2	3	4	5	n/a

Overall

17. The workshop was fun.	1	2	3	4	5	n/a
18. The workshop met my needs.	1	2	3	4	5	n/a
19. I felt engaged throughout the workshop.	1	2	3	4	5	n/a
20. I feel prepared to use PLT activities with my students.	1	2	3	4	5	n/a
21. I plan to use PLT with my students within the next 3 months.	1	2	3	4	5	n/a
22. I would like to participate in additional PLT professional development.	1	2	3	4	5	n/a
23. I will recommend this workshop to a colleague.	1	2	3	4	5	n/a

Comments?

Optional: Contact Information (if you would like to be contacted regarding your workshop evaluation)

Name: _____

Contact Email: _____ Contact Phone: _____



PROJECT LEARNING TREE® FACILITATOR COVER SHEET

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

- State Coordinator Use Only:
- Access
 - Excel
 - Drive
 - National Office
 - Quarterly

I. Facilitator Information Updated January 2016

Name: _____	Name: _____	Name: _____
Address: _____ _____	Address: _____ _____	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, County) _____

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

- # of participants _____
- # of participant information forms attached _____
- # of PD evaluation forms attached _____
- # of in-kind hours: (Include the time it took to organize, advertise, prepare, conduct, travel to and from, and wrap-up the workshop).
- Pre-workshop _____ Post-workshop _____
- Up-to-half day (up to 4 hours)
 - Up-to-five days (17-30 hours)
 - Full day (5-8 hours)
 - More-than-five days (more than 30 hrs)
 - Two full days (9-16 hours)
 - College or university course

- # PLT Guides Distributed:**
- | | |
|----------------------------|---------------------------------|
| _____ Early Childhood | _____ Solid Waste |
| _____ PreK-8 | _____ GreenSchools! |
| _____ Energy & Society | _____ Biodiversity |
| _____ Focus on Forests | _____ Biotechnology |
| _____ Forests of the World | _____ Southeastern Forests |
| _____ Places We Live | _____ and Climate Change (SFCC) |
| _____ Focus on Risk | _____ E-Unit Codes for _____ |

Workshop Type:	Was this a Joint Workshop?
<input type="checkbox"/> Early Childhood <input type="checkbox"/> Secondary	<input type="checkbox"/> With WET
<input type="checkbox"/> PreK-8 <input type="checkbox"/> Pre-service	<input type="checkbox"/> With WILD
<input type="checkbox"/> PreK-12 <input type="checkbox"/> SFCC	<input type="checkbox"/> With WET & WILD
<input type="checkbox"/> E-Unit	

III. Professional Development Event Summary

1. Attach an 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 and why.
2. What was your registration fee _____? If none, how was it supported _____?
3. If PLU's were offered, how many _____? Any other credits _____?
4. Tell us your overall view of the workshop – include problems/successes and your assessment of the participants' responses. Please include any highlights or interesting moments from your workshop.
5. 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.

Supplemental Guide Order Form
Project Learning Tree
Activity Guide/Secondary Module Order Form
(Revised 03/2020)

To receive an activity guide or other materials, please complete the form below.
Enclose a copy of your PLT workshop certificate receipt or other proof of training
 along with a check or money order payable to Georgia Project Learning Tree and mail
 to:

Georgia Project Learning Tree
 Georgia Forestry Commission
 Attn: Chelsea York
 5645 Riggins Mill Road
 Dry Branch, GA 31020

Name _____

Address _____

City _____ State _____ Zip _____

Phone (Day) _____ Email _____

I attended a PLT Educator Workshop for (Check all that apply):

_____ PreK-8 _____ Early Childhood

_____ Secondary _____ Combined (PLT, WET, WILD)

I have attended a two-day Facilitator Workshop. _____ Yes _____ No

I am ordering (Price includes shipping):

PreK-8 Activity Guide	_____	@ \$30.00 each	=	_____
Early Childhood Curriculum	_____	@ \$18.00 each	=	_____
Secondary Modules				
Forests of the World	_____	@ \$13.00 each	=	_____
Focus on Forests	_____	@ \$13.00 each	=	_____
Places We Live	_____	@ \$13.00 each	=	_____
Solid Waste	_____	@ \$8.00 each	=	_____
Focus on Risk	_____	@ \$8.00 each	=	_____

Total Number of Guides: _____ Total Due = _____

Please provide with this order a copy of PLT Certificate, receipt or other proof of training.