****Workshop Title: Workshop Date(s):

**ONREP Facilitator Coversheet**

*(Please fasten securely to this workshop’s completed participant survey forms)*

|  |  |  |
| --- | --- | --- |
| Facilitator Completing this Form | Other Facilitators |  |
| Name: | Name: | Name: |
| Email: | Email: | Email: |
| Phone: | Phone: | Phone: |

**Workshop Information:**

Workshop Category (Select only one): If none of the following:

[ ]  Early Childhood[ ]  PreK-8[ ]  PreK-12[ ]  Secondary[ ]  Pre-Service

|  |  |
| --- | --- |
| Participants | Participant Breakdown (must equal total) |
| Workshop Length (hrs): |  | PreK & K |  | Pre-Service |  |
| # of Participants for this workshop: |  | Elementary |  | Non-Formal |  |
| # of No-Shows for this workshop: |  | Middle (6-8) |  | Admin |  |
| # of Surveys Returned: |  | High (9-12) |  | Unknown |  |

Workshop Curriculum (Check all that apply): Was this workshop…[ ]  Offered for College Credit? Offered for College Credit?

[ ]  PLT[ ]  WILD[ ]  WET

[ ]  A Stewardship Schools workshop?

|  |  |  |
| --- | --- | --- |
| ONREP Guides Distributed |  |  |
| Primary Guides | **#** |  | **#** | **Other Guides** | **#** |
| PLT K-8 |  | EE PLT |  |  |  |
| WILD |  | Growing up WILD |  |  |  |

**Workshop Summary:**

Tell us your overall view of the workshop – include successes and challenges, as well as any notes you find relevant.

|  |  |  |
| --- | --- | --- |
| + | Δ | Notes/Issues |
|  |  |  |

Review your assessment and participant responses. What skills/strategies would you like to develop/strengthen as a facilitator?

**Expense and/or Revenue Summary:**

Include any in-kind support from local sources, for example, agency, community, or industry personnel or contributions.

|  |  |
| --- | --- |
| Item Description | Expense/Revenue ($) |
| Salary/In Kind | Material | Facility | Other (Describe) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |