

PROJECT LEARNING TREE® FACILITATOR COVER SHEET



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

I. Facilitator Information			
Name: Name:			Name:
Address:	Address:		Address:
Email:	Email:		Email:
Phone:	Phone:		Phone:
II. Professional Development Information Event Type			
Date(s)		☐ In-Person ☐ Blended	I (In-Person & Online)
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
# of PLT Guides Distributed:			
Early Childhood Solid Waste		Return Workshop Cover Sheet To: State Forests and all others return to: Jean Devlin, Bureau of Forestry Communications Section, 400 Market St., 6 th floor,	
EC GS Investigations GS Investigations Biodiversity			
Focus on Forests Biotechn	•	Harrisburg, PA 17101 jedevlin@pa.gov	
	tern Forests	State Parks return to:	CSOD 400 Medical St. Off floor Hamilton DA 17101
	ate Change	Carissa Longo, Bureau of State Parks RCSOB, 400 Market St., 8 th floor, Harrisburg, PA 17101 calongo@pa.gov	
Focus on Risk			
III. Professional Development Event Summary			
 Attach the final agenda, 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. What worked well and what was least successful?			
(Please use the back if necessary)			