

## Facilitator Reporting Form

Submit with Workshop Evaluations, Sign-in Sheet and In-Kind Service Form (if applicable) immediately following training to:

Kim Morris-Zarneke  
Charlie Elliott Wildlife Center  
543 Elliott Trail  
Mansfield, GA. 30055

Facilitator Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email contact: \_\_\_\_\_

Co-Facilitator(s) Name(s): \_\_\_\_\_

### Workshop Information

Date(s) held: \_\_\_\_\_ Location: \_\_\_\_\_

Workshop Time: \_\_\_\_\_ Combination with PLT or WET: YES NO

Professional Development Credit Issued: YES NO

Open to General Public or Closed to specific group (ROE/ In-Service, etc.) \_\_\_\_\_

Number of Participants: \_\_\_\_\_

Number of Guides Received: \_\_\_\_\_ Returned: \_\_\_\_\_

**Total workshop participants:** \_\_\_\_\_

**Ethnic Origins of participants:**

Formal educators: \_\_\_\_\_

White \_\_\_\_\_

Informal educators: \_\_\_\_\_

African American \_\_\_\_\_

Preservice/university students: \_\_\_\_\_

Am. Indian/Alaskan \_\_\_\_\_

Headstart/Preschool educators: \_\_\_\_\_

Asian \_\_\_\_\_

High school teachers: \_\_\_\_\_

Hawaiian/Pacific Islander \_\_\_\_\_

Middle School teachers: \_\_\_\_\_

Latino \_\_\_\_\_

Elementary School teachers: \_\_\_\_\_

Multiple Ethnicities \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Tell us how the overall workshop went.

Were any additional workshop registration fees charged? If so, please describe (attach any receipts if supplies were purchased):

List any in-kind donations/ grants /scholarships obtained for this event:

Did you use any of the resources provided by state coordinator (PowerPoint, Certificate/flyer templates, brochures, Evaluations, etc.)?

Please list any updates or suggestions for future resources that could help you in your facilitation:

Were any additional workshop registration fees charged? If so, please describe (attach any receipts if supplies were purchased):

