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Workshop Evaluation

Form 8500-154 (R 3/05)

Your comments are essential to ensuring that these programs and materials are as useful as possible for all educators in Wisconsin and nationwide. We never sell or give your contact information to any third party, but it may be made available to requesters as required by Wisconsin's Open Records law [ss. 19.31 - 19.39, Wis. Stats.].

Workshop Information

Date	Location
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Facilitators

Workshop Level <input type="checkbox"/> PreK-8 <input type="checkbox"/> PreK-12 <input type="checkbox"/> Secondary	Workshop Type <input type="checkbox"/> WILD <input type="checkbox"/> WILD Science and Civics <input type="checkbox"/> PLT <input type="checkbox"/> PLT Early Childhood <input type="checkbox"/> PLT Energy & Society <input type="checkbox"/> WET <input type="checkbox"/> Other: _____
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Participant Information

Last Name	First	MI	E-Mail Address
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Permanent Mailing Address	City	State	ZIP Code
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Check this box if you would like to receive PLT updates and notification of new editions of the *Branch*, PLT's quarterly on-line newsletter.

School / Organization

My position is (check all that apply):

<input type="checkbox"/> Preschool Teacher	<input type="checkbox"/> High School Teacher	<input type="checkbox"/> Homeschool Educator	<input type="checkbox"/> Resource Professional
<input type="checkbox"/> Elementary School Teacher	<input type="checkbox"/> Administrator	<input type="checkbox"/> Youth Leader	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Middle School Teacher	<input type="checkbox"/> Nonformal Educator	<input type="checkbox"/> Preservice or University Student	

Years Teaching	Number of Youth Reached Per Year	Student Demographics:	<input type="checkbox"/> Urban	<input type="checkbox"/> Suburban	<input type="checkbox"/> Rural
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In what subjects will you use these materials?

<input type="checkbox"/> Arts	<input type="checkbox"/> Language Arts	<input type="checkbox"/> Physical Education	<input type="checkbox"/> Science	<input type="checkbox"/> Special Education
<input type="checkbox"/> Environmental Education	<input type="checkbox"/> Math	<input type="checkbox"/> Reading	<input type="checkbox"/> Social Studies	<input type="checkbox"/> Other: _____

How often do you think you will use the activities?

Weekly Monthly Several times a year Other: _____

How did you hear about the workshop?

Workshop Flyer DNR Web Site Friend / Peer College / University Class Brochure Other: _____

Workshop Evaluation

	☹ Disagree					Agree ☺
	1	2	3	4	5	
1. The information, strategies, and instructional methods shared were helpful to you.						
2. The workshop prepared you to use the materials with your audience.						
3. These materials will help you address state academic standards / teacher standards.						
	Needs Improvement				Excellent	
4. The facilitators for this workshop were:						
5. Overall this workshop was:						

Workshop Evaluation, *continued*

6. What was the greatest value of the workshop for use with your audience?

7. How could the workshop be improved?

8. Additional comments.