

Appendix C: Sample Forms

These are the forms you will need to plan and conduct your workshop. Multiple copies are available from the State Coordinator. These sample forms are provided primarily for your reference:

- Workshop Proposal Form
- Facilitator Survey Form
- Facilitator Expense Sheet
- Sample Workshop Receipt Forms
- Sample Sign-in sheet

PROJECT LEARNING TREE WORKSHOP PROPOSAL

Name:

Mailing Address:

City _____ State _____ Zip _____

Business phone (____) _____ Home phone (____) _____

Fax Number (____) _____

E-Mail Address _____

Date(s) of proposed Workshop _____

Times _____

Location _____

Facilitator(s) _____

Audience represented _____

Proposed number of participants _____

Number of PLT Guides needed:

PreK-8 _____

Spanish Translation of the Student Pages _____

Secondary:

Introductory Handbook for the Secondary Modules _____

Exploring Environmental Issues: Focus on Forests _____

The Changing Forest: Forest Ecology _____

Exploring Environmental Issues: Municipal Solid Waste _____

Exploring Environmental Issues: Focus on Risk _____

Proposed Workshop Format/Agenda. Please use this space and the back of this sheet to specify which PLT activities you plan to use.

Project Learning Tree Facilitator Survey Form

Name: _____

Business phone: (____) _____

Mailing address:

City: _____ State: _____ Zip: _____

PLT Workshop Information

Date(s) held: _____

Location: _____

Type of workshop: _____ PreK-8
 _____ Secondary
 _____ Combined PreK-8 and Secondary

PLT guides distributed: _____ Prek-8 Activity Guide
_____ Secondary Modules:

If Secondary, please indicate the modules that were distributed at the workshop: _____

Length of time: _____ Number of
participants: _____

Facilitator(s): _____

Please provide names and addresses of all other facilitators in attendance:

1. Briefly outline your workshop format, specifying which PLT activities from the PreK-8 or secondary modules you included.

2. Summarize expenses and/or revenues involved in your workshop. Include any in-kind support from local sources, for example, agency, community, or industry personnel or contributions.

3. Tell us your overall view of the workshop -- include problems/successes and your assessment of the participants' responses.

4. I would ____ would not ____ be interested in facilitating another PLT workshop because:

5. Number of Participant Survey Forms attached _____

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.

PLT Facilitator Expense Sheet

Name _____ Phone _____
() _____

Address _____

City _____ State _____ Zip _____

Workshop Date(s) _____ Location _____

Facilitator Expenses:

Date	Mileage	From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total: _____ @\$(mileage rate) = \$ _____

Other Expenses: (Please attach receipts, i.e., supplies, food purchased...)
Amount

Total Other Expenses _____

Total All Expenses _____

Facilitator Signature

Approved

Sample Receipt for Workshop Fees

Project Learning Tree

Receipt for _____ Hour Workshop

Course
Day(s): _____ Date(s): _____ Time: _____

For: Workshop Fee(s) and/or Materials

Amount Tendered: _____ Credit:(Y/N)

Lead Facilitator:

Signature:

Sample Receipt for Workshop Fees

Project Learning Tree

Receipt for _____ Hour Workshop

Course
Day(s): _____ Date(s): _____ Time: _____

For: Workshop Fee(s) and/or Materials

Amount Tendered: _____ Credit:(Y/N)

Lead Facilitator:

Signature:

Sign-in Sheet
PLT Workshop Title
Date
Location

Please verify your contact info and make any necessary correction/additions.

Name: _____ **Social Security**
#: _____
Home Address: _____
City, State, Zip _____
Home Phone: _____
Home Email: _____
District: _____
School/Program: _____
Subject Area/Grade: _____
Work Address: _____
City, State, Zip _____
Work Phone: _____
Work Email: _____

Signature _____ **Clock Hrs?**
(Y/N) _____

Name: _____ **Social Security**
#: _____
Home Address: _____
City, State, Zip _____
Home Phone: _____
Home Email: _____
District: _____
School/Program: _____
Subject Area/Grade: _____
Work Address: _____
City, State, Zip _____
Work Phone: _____
Work Email: _____

Signature _____ **Clock Hrs?**
(Y/N) _____

Name: _____ **Social Security**
#: _____
Home Address: _____
City, State, Zip _____
Home Phone: _____
Home Email: _____
District: _____
School/Program: _____
Subject Area/Grade: _____
Work Address: _____
City, State, Zip _____
Work Phone: _____
Work Email: _____

Signature _____ **Clock Hrs?**
(Y/N) _____

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**Name:** \_\_\_\_\_ **Social Security**  
**#:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_  
**City, State, Zip** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_  
**Home Email:** \_\_\_\_\_  
**District:** \_\_\_\_\_  
**School/Program:** \_\_\_\_\_  
**Subject Area/Grade:** \_\_\_\_\_  
**Work Address:** \_\_\_\_\_  
**City, State, Zip** \_\_\_\_\_  
**Work Phone:** \_\_\_\_\_  
**Work Email:** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Clock Hrs?**  
**(Y/N)** \_\_\_\_\_