



GEORGIA ENVIRONMENTAL PROTECTION DIVISION
Georgia Project WET
FACILITATOR REPORTING FORM



FACILITATOR INFORMATION

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

EMAIL: _____ PHONE NUMBER: _____

OTHER FACILITATORS: _____



WORKSHOP

WORKSHOP DATE _____ OTHER INFORMATION:

TYPE OF WORKSHOP:	EDUCATOR	EDUC. + URBAN WATERSHED	DEMO
	EARLY CHILDHOOD	EDUC. + EARLY CHILDHOOD	

PARTICIPANT INFORMATION (add the number for each category) TOTAL # OF PARTICIPANTS _____

FORMAL EDUCATORS _____ NON-FORMAL EDUCATORS _____ PRESERVICE _____

GRADE LEVELS: PRE-K _____ ELEMENTARY _____ MIDDLE _____ HIGH _____ UNIVERSITY _____

PLEASE SHARE WORKSHOP HIGHLIGHTS, LESSON ADAPTATIONS, PROBLEMS, AND/OR CONCERNS:

WORKSHOP COMPLETION CHECKLIST:

SIGN-IN LIST EVALUATION FORMS PAYMENT FOR GUIDES _____ UNUSED GUIDES

PLEASE SAVE A COMPLETED COPY OF THIS FORM AND EMAIL TO MONICA.KILPATRICK@DNR.GA.GOV OR MAIL TO GA PROJECT WET, 2 MLK JR DR, STE. 1462, ATLANTA, GA 30334. ATTACH ADDITIONAL FORMS. RETURN UNUSED GUIDES TO ABOVE ADDRESS.