

SC PROJECT LEARNING TREE
CO-FACILITATOR SURVEY FORM

Facilitator Information:

Name: _____

E-Mail: _____ Phone _____

EXPENSES & IN-KIND: Please complete a "Facilitator Expense Sheet" to document your expenses (to be reimbursed and in-kind expenses). Return to the coordinator along with your receipts.

Workshop Information:

Workshop Date: _____

Workshop Location: _____

Lead Facilitator: _____

Workshop Evaluation:

1. Tell us your overall view of the workshop, including problems, successes, and your assessment of the participants' responses.

2. How could this workshop be improved?

3. Any further comments or suggestions: