

Facilitator Reporting Form

FOR OFFICE USE ONLY	
Reference _____	_____
Returned _____	Filed _____

Facilitator Information: Enter hours volunteered by ALL facilitators. Include hours spent preparing, traveling and presenting. Indicate if volunteer is new to facilitating, and include ALL their information. This is critical to the continuation of Florida's Project WILD volunteer program.

Name: _____ Hours volunteered: _____
Additional Facilitators: _____ Hours volunteered: _____
Additional Facilitators: _____ Hours volunteered: _____ NEW
Address (of new volunteers): _____ Phone: _____
Email: _____ Date of Birth: _____
(MM/DD/YYYY)

Workshop Information:

Workshop Date: _____ Location (Facility/City): _____
County: _____ Number workshop hours: _____ Number of participants: _____

TYPE OF WORKSHOP: (please check one)

- | | |
|---|---|
| <input type="checkbox"/> Project/Aquatic WILD Combination (6 hours) | <input type="checkbox"/> Schoolyard Wildlife Activities & Ecology (4 hours) |
| <input type="checkbox"/> Project WILD (6 hours) | <input type="checkbox"/> Schoolyard Ecosystems (4 hours) |
| <input type="checkbox"/> Aquatic WILD (6 hours) | <input type="checkbox"/> Schoolyard Wildlife/Ecosystems Combination (6 hours) |
| <input type="checkbox"/> Growing Up WILD (3 - 4 hours) | <input type="checkbox"/> FL Black Bear Curriculum (4 - 6 hours) |
| <input type="checkbox"/> Flying WILD (4 - 6 hours) | <input type="checkbox"/> Project WILD & PLT (8 hours) |
| <input type="checkbox"/> | <input type="checkbox"/> Other: _____ |

How many guides did you order? _____ How many guides did you distribute? _____

Do you plan to use the extra guides soon? YES NO (if no, please contact Project WILD to return extra guides)
**It is very important to the Project WILD program to return extra guides before they become outdated.*

Was a fee charged? NO YES, How much per participant? _____

AUDIENCE: (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Pre-K Teacher | <input type="checkbox"/> Center/School Administrator | <input type="checkbox"/> Resource Agency Staff |
| <input type="checkbox"/> Elementary Teacher | <input type="checkbox"/> Curriculum Specialist | <input type="checkbox"/> Private Conservation Group |
| <input type="checkbox"/> Middle/Secondary Teacher | <input type="checkbox"/> College Faculty | <input type="checkbox"/> Youth Camp |
| <input type="checkbox"/> High School Teacher Staff | <input type="checkbox"/> College Student | <input type="checkbox"/> Youth Organization |
| <input type="checkbox"/> Pre-service Teacher | <input type="checkbox"/> Faith-based | <input type="checkbox"/> Other: _____ |

Please indicate total of each gender in your audience: _____ Female(s) _____ Male(s)

Please estimate the ethnicity of your audience –

**These statistics may be estimated and based on visual observations. Use the total number of individuals representing each category.*

- ____ African American
____ Asian/Pacific
____ Hispanic
____ White
____ Other _____



Participant Credit

Was in-service or other credit provided to your participants?? YES NO
Specify Credit Type _____
How many units? _____ From: _____

Summary of Workshop:

BUDGET:

<u>Expenses & supplies</u>	<u>Source /Item</u>	<u>Dollar Amount or Value</u>
Collected for registration:	_____	_____
Cost for supplies:	_____	_____
In-kind contribution:	_____	_____
		Total Amount: \$ _____

PREPARATION: *Briefly describe items that were used to announce workshop. Please include samples if available.*

FOLLOW-UP: *Briefly describe any planned follow-up with your participants.*

PROBLEMS: *Briefly describe any difficulties that were experienced in this workshop.*

NEW IDEAS: *Share any thoughts & ideas for activity adaptations, workshop facilitation overall improvement, etc.*

Please, do not forget to return:

- This form (Reporting form)
- Evaluations
- Sign-in sheet(s)
- Advertisements from workshop
- Final agenda

Use the prepaid yellow envelope provided with your supplies

Mail to: Florida Fish & Wildlife Conservation Commission
Project WILD
620 South Meridian Street
Tallahassee, FL 32399
Phone: 850/404-6089

Email any questions or forms to: Gina.Long@myfwc.com

Thank you!

Your time and energy in offering these workshops and providing this information is greatly appreciated!
You are vital to this program! Stay WILD!

