

Facilitator Reporting Form

Submit with Workshop Evaluations and In-Kind Service Form (if applicable)
immediately following training to:

Rusty Garrison
Charlie Elliott Wildlife Center
543 Elliott Trail
Mansfield, GA. 30055

Facilitator Name: _____

Phone: _____ Email contact: _____

Co-Facilitator(s) Name(s): _____

Workshop Information

Date(s) held: _____ Location: _____

Workshop Time: _____ Combination Project with PLT: YES NO

Professional Development Credit Issued: YES NO Contact Hours: _____

Open to General Public or Closed to specific group (ROE/ In-Service, etc.) _____

Number of Participants: _____

Number of Guides Received: _____ Returned: _____

Please provide a breakdown of participant backgrounds (Formal/Non-formal/Pre-service/Daycare, etc.):

List any in-kind donations/ grants /scholarships obtained for this event:

Facilitator Resources

Did you use any of the resources provided by state coordinator (PowerPoint, Certificate/flyer templates, brochures, Evaluations, etc.)?

Please list any updates or suggestions for future resources that could help you in your facilitation: