

PROJECT LEARNING TREE® PARTICIPANT INFORMATION

Thank you for sharing some information about yourself. We use this information to design educational materials and professional development opportunities that are valuable to our educators. Please use a pen and print clearly.

I. Professional Development Information						
Date:				PD Event Type		
Location (City, State):					half day 4 hours)	Up-to-five days (30-40 hours)
				One fu	ıll day or equivalent	☐ More-than-five days
Facilitators:			(6-8 ho ☐ Two fu	ours) ull days or equivalent	(more than 40 hours) College or university course	
			(12-16	6 hours)		
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II. Participant Information				About how many miles did you travel to get here today?		
☐ I give permission to be photographed and possibly published				☐ Check if you are interested in becoming a PLT facilitator		
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Preferred Mailing Address: State: Zip:						
	-		50			Zip
l.	My position is:		<u> </u>	school teacher	☐ High school teache	
			_			niv faculty (e.g. natural resources)
		☐ Natural resource professional ☐ Youth group leader (e.g. Scouts, 4-F		uii)	Tree Farmer or landowner	
				<u>—</u>		
2	. In what subjects will you use PLT?		Science	Social Studies		Mathematics
۷.			Reading	_	anguage Arts	☐ Visual Arts
	(check all that appry)		Special Education		erforming Arts	Physical Education
			Other, describe:	_	Troffining Arts	_ ,
			other, describe.			
3.	How many student	s do you reach in a	typical year?			
4. What is the primary demographic for your students?						
5.	5. How did you learn about PLT?		Colleague	☐ Sc	chool Administrator	Conference
	(check all that apply)		Social Media	Or	nline Research	Webinar
			Advertisement	Pr	ofessional Organization	on
			Newspaper/TV/r	adio 🔲 Jo	urnal/publication/new	esletter
			Other describe:			