

Missouri WET
Post-Workshop Survey Form
(To be filled out by Facilitator)



Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Workshop Information

Workshop Date(s) _____ Location _____

Length of time _____ Number of participants _____

Type of workshop: _____ K-12 _____ Getting Little Feet WET _____ Other

1. Briefly outline your workshop format, including which activities you used.
(Or attach your agenda)

2. Summarize the expenses and/or revenues involved in your workshop. Include any local support and any in-kind services from local agencies or industries.

3. Tell us your overall view of the workshop — include problems and successes and your assessment of the participants' responses.

4. ___ I would or ___ would not be interested in facilitating another WET workshop.

5. **Number of Participant Survey Forms attached** _____