

Missouri Project WET Facilitator Post Workshop Evaluation



Name _____ Position _____

Home Address _____ Home Phone _____

Work Address _____ Work Phone _____

Workshop date(s) _____ Workshop Location _____

Workshop facilitators _____ Number of Participants _____

1. What was of the MOST USE to you for this workshop? What was NOT useful to you?
2. Briefly outline your workshop format, including which activities you used.
3. Please give an overall evaluation of the workshop—include successes ☺ and problems, along with your assessment of the participant's responses.
4. Summarize the expenses and revenues involved with your workshop—include any local support and donations from local agencies or businesses.
5. Do you feel prepared to plan, organize and conduct your own Project WET workshop? Why or why not?
6. I would _____ would not _____ be interested in facilitating another Project WET workshop because _____
7. What do you feel you need from your state coordinator to help you conduct workshops?
8. Please attach your **participant survey forms** to this sheet and return to Project WET State Coordinator. Feel free to write any other comments or questions on the reverse side of this form.