



Georgia Project WET Workshop Evaluation

Thank you for your interest in water resources. Your responses are important to us.



Workshop Date _____ Location _____ Facilitator _____

Workshop Type: Educator (6-9 hours) Educator (10+ hours) Facilitator Demo

Name _____ School/Organization _____ City _____

How many minutes did it take you to get here today? _____ # of students per week you reach _____

Who do you teach/will you teach (Check all that apply.)

- Preschool Pre-K-2 3-5 6-8
- 9-12 University/college Pre-service teachers Adult

In what setting do you work or teach? (check one)

- Urban Suburban Rural

Please indicate your educational setting. (check all that apply.)

- After school Agency College/University Family Homeschool
- Nature/environmental center Private school Public school
- Preservice or teacher credential candidate Summer program other

How strongly do you agree or disagree with the following statements?

	Strongly Agree				Strongly Disagree		
	1	2	3	4	5	6	7
I acquired new skills at the workshop.							
The workshop increased my knowledge of how to use water resources as the context for interdisciplinary teaching and learning.	1	2	3	4	5	6	7
Students/participants will learn from Project WET activities.	1	2	3	4	5	6	7
The facilitator showed ways to integrate activities into my program.	1	2	3	4	5	6	7
The facilitator was well prepared.	1	2	3	4	5	6	7
The facilitator demonstrated ways to modify activities.	1	2	3	4	5	6	7
The facilitator was knowledgeable.	1	2	3	4	5	6	7
It was worth my time to come today.	1	2	3	4	5	6	7
I am excited to use Project WET.	1	2	3	4	5	6	7
The resources and materials provided at the workshop are useful.	1	2	3	4	5	6	7
I will recommend this workshop to colleagues and friends.	1	2	3	4	5	6	7
Overall, the workshop was excellent.	1	2	3	4	5	6	7

Just for teachers

The workshop provided me with information on how to use activities to help meet state education standards	1	2	3	4	5	6	7
The workshop provided me with information on how to use activities to help prepare for the state assessment tests	1	2	3	4	5	6	7
The workshop was aligned with school, district, state, or program educational priorities.	1	2	3	4	5	6	7

How might you implement what you have learned today? (Check all that apply.)

- Assessment Camp Church/community program Festival
 Field trips Fill-in activity Interdisciplinary unit Unit
 Personal behavior Youth groups Professional development Single lesson
 Naturalist program Supplemental activity
 Preservice or teacher credential candidate

What are the potential barriers to implementing project WET? (Check all that apply.)

- Administrative support Insufficient knowledge Materials
 Money Prescribed curriculum Space
 State assessments State standards Time
 Supportive colleagues/team members Other _____

How will you change your instructional practices based on what you have learned today?

How did this workshop affect you personally?

If there is additional information about water resources or related educational opportunities that you would like to learn about, please list.

This Project WET workshop was:

- excellent good okay needs improvement

If this workshop did not meet your expectations, why not?

Would you be willing to participate in a Project WET program evaluation through a survey, interview or classroom observation?

- Yes No

Name: _____ Email Address: _____