



Division of Wildlife
Ohio Department of Natural Resources



FACILITATOR FINAL REPORT FORM

TODAY'S DATE: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_ AFFILIATION: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_ TIMES: \_\_\_\_\_

LOCATION: \_\_\_\_\_

TYPE OF EVENT (Check one):

- Traditional Project WILD Workshop
Aquatic Project WILD Workshop
Science & Civics
Combined Workshop
Presentation
Growing Up WILD
WILD School Site Workshop
Other (Please specify): \_\_\_\_\_

AUDIENCE (Check as many as apply):

- Elementary Teachers
Middle School Teachers
College Students
Secondary Teachers
Pre-school Teachers
College Faculty
Principals
Head Start Teachers
Other (Specify): \_\_\_\_\_
Superintendents
Resource Agency Personnel
Curriculum Specialists
Youth Organization Representatives
Pre-service Teachers
Conservation Group Representatives

WHICH OF THESE BEST FURTHER DESCRIBES THE MAJORITY OF PARTICIPATING TEACHERS.

- Rural or County
Small Town, Exempted Village
Suburban, Small City
Large City, Suburban
Large City, Inner-city
Does Not Apply

Voluntary completion of this section will help the Division of Wildlife assure that equal opportunity is provided to individuals without regard to race, color, national origin or disability.

HOW MANY WORKSHOP PARTICIPANTS ARE:

- Disabled
Native American Indian/Eskimo
Hispanic
African American
White
Asian/Pacific Islander
Gender: Male Female

TOTAL NUMBER OF PARTICIPANTS: \_\_\_\_\_

Was a fee charged for this workshop Yes \$ No

Reason for the fee: \_\_\_\_\_

MATERIALS DISTRIBUTED TO PARTICIPANTS (Check as many as apply):

- Project WILD Guide
Project WILD Aquatic Guide
Growing Up WILD Guide
Science & Civics Guide
WILD School Sites Material
Other (Please list): \_\_\_\_\_

INDICATE WHETHER ACADEMIC OR OTHER CREDIT WAS PROVIDED: Yes No

If yes, what kind: \_\_\_\_\_ How many units: \_\_\_\_\_

From: \_\_\_\_\_

OVERALL PARTICIPANT RESPONSE (Check one):

- Very interested
- Generally interested

- Somewhat interested
- Not at all interested

**SUMMARY OF PROJECT WILD EVENT**

PREPARATION: Briefly describe what means were used to announce this event. Include sample materials, e.g., flyers, if possible. \_\_\_\_\_

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PROGRAM AGENDA: Check which of the following components was a part of your event. Please attach an agenda if possible.

- Introduction / Background to Project WILD
- Ice Breaker Activity
- Facilitator-led Activities
- Peer Teaching
- Walk Through the Guides
- Evaluation
- Other (Specify): \_\_\_\_\_

Identify the activities introduced in this event (by title).

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BUDGET:

Item	Source	Dollar Amount or Equivalent Value

DIRECT DOLLARS: \_\_\_\_\_  
 IN-KIND CONTRIBUTION: \_\_\_\_\_  
 TOTAL: \_\_\_\_\_

VOLUNTEER HOURS: Please indicate hours volunteered for this event by **all** Project WILD facilitators. Include hours spent **preparing, traveling, and presenting** the event.

Facilitator (Please print)	Dates Volunteered	Hours Volunteered (each date)	Signature

Please fill in volunteer hours with each facilitator's signature. This information is critical to the continuation of Project WILD in Ohio.

GENERAL COMMENTS: \_\_\_\_\_

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**Thanks for your time and effort in offering Project WILD, and in providing this information.**

**RETURN THIS FORM WITH ATTACHMENTS** (Participant Survey Forms, agenda, sample hand-outs, etc.) to:

Project WILD Coordinator  
 Division of Wildlife, Outdoor Education Section  
 2045 Morse Road, Bldg. G-1  
 Columbus, OH 43229-6693