

FLYING WILD Educator Training Workshop Evaluation Form



Date:

Location:

Name of Facilitator(s):

What grade do you give this workshop?

A B C D F

How strongly do you disagree or agree with the following? *Circle one for each*

	Strongly Disagree		Unsure			Strongly Agree		
I will recommend this workshop to colleagues or other professionals.	1	2	3	4	5	6	7	NA
This workshop was much better than other workshops I have participated in.	1	2	3	4	5	6	7	NA
The level of work expected during the workshop was appropriate.	1	2	3	4	5	6	7	NA
Within the next year, I intend to								
... improve my EE efforts by using Flying WILD.	1	2	3	4	5	6	7	NA
... share what I learned with colleagues and other professionals.	1	2	3	4	5	6	7	NA
By attending the Flying WILD training I learned								
...new ideas for presenting the subject area(s) I teach	1	2	3	4	5	6	7	NA
...new information about birds and their conservation needs	1	2	3	4	5	6	7	NA
...new information I can use in my classroom or facility	1	2	3	4	5	6	7	NA
...new teaching concepts and instructional strategies	1	2	3	4	5	6	7	NA
...about materials available for my classroom or facility	1	2	3	4	5	6	7	NA
In terms of usefulness to your classroom/facility:								
Activities from <i>Flying WILD: An Educator's Guide to Celebrating Birds</i> you experienced today will be useful	1	2	3	4	5	6	7	NA
The festival planning portion of the training will be useful	1	2	3	4	5	6	7	NA
I am confident I can use Flying WILD activities with my students	1	2	3	4	5	6	7	NA

List one activity that you plan to use with your students? _____

Do you plan to conduct a Flying WILD Festival? Yes No

How will you change your teaching/programs based on what you learned from this workshop? If you are not planning to make any changes, why not? (use the back of this sheet if necessary)

The best thing about the workshop was: (use the back of this sheet if necessary)

How can this workshop be improved to better meet your environmental education, professional, or other needs? (use the back of this sheet if necessary)

What is your current profession? Check all that apply

- | | | |
|--|--|--|
| <input type="checkbox"/> Pre-K-12 Teacher | <input type="checkbox"/> College/University Instructor | <input type="checkbox"/> Conservation/Nat. Res. Professional |
| <input type="checkbox"/> Preservice Teacher | <input type="checkbox"/> Resource Developer | <input type="checkbox"/> VOLUNTEER |
| <input type="checkbox"/> Non-Formal Educator | <input type="checkbox"/> Program Director | <input type="checkbox"/> Other _____ |

Who do/will you teach? Check all that apply.

- | | | | |
|------------------------------------|--|---|--|
| <input type="checkbox"/> Preschool | <input type="checkbox"/> 9-12 | <input type="checkbox"/> Non-Formal Educators | <input type="checkbox"/> Cons./Nat. Res. Professionals |
| <input type="checkbox"/> K-2 | <input type="checkbox"/> Teachers | <input type="checkbox"/> College/University Instructors | <input type="checkbox"/> Families |
| <input type="checkbox"/> 3-5 | <input type="checkbox"/> Preservice teachers | <input type="checkbox"/> Program Directors | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> 6-8 | <input type="checkbox"/> Other College/University students | <input type="checkbox"/> Resource Developers | <input type="checkbox"/> Not Applicable |

Number of years you have been an environmental educator: About _____ years

Number of students/participants you typically teach/reach per year: About _____ NA

The students/participants you primarily work with come from: Check one.

- Urban Suburban Rural Tribal Mix of Areas

Others consider you an environmental education leader: Check all that apply.

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> In your K-12 school | <input type="checkbox"/> In your organization | <input type="checkbox"/> In the state where you live | <input type="checkbox"/> At the international level |
| <input type="checkbox"/> In academia | <input type="checkbox"/> In the community where you live | <input type="checkbox"/> At the federal level | <input type="checkbox"/> Not applicable |

To maintain your anonymity but to allow us to match your past or future comments, please provide:

Your birthday: mm__ __ dd__ __ First 3 digits of Your SSN __ __ __