



PROJECT LEARNING TREE® PARTICIPANT INFORMATION

Thank you for sharing some information about yourself. We use this information to design educational materials and professional development opportunities that are valuable to our educators. Please use a pen and print clearly.

I. Professional Development Information

[Note: This section to be completed by facilitator prior to distributing at PD event.]

Date: _____	PD Event Type	
Location (City, State): _____	Up-to-half day (up to 4 hours)	Up-to-five days (17-30 hours total)
Facilitators: _____	One full day or equivalent (5-8 hours)	More-than-five days (more than 30 hours total)
_____	Two full days or equivalent (9-16 hours total)	College or university course

II. Participant Information

Check if you are interested in becoming a PLT facilitator

Name: _____

School/Organization: _____

Preferred Mailing Address: _____

City: _____ State: _____ Zip: _____

Preferred Email: _____

- My position is:

<input type="checkbox"/> Elementary school teacher	<input type="checkbox"/> Middle school teacher	<input type="checkbox"/> High school teacher	<input type="checkbox"/> School administrator
<input type="checkbox"/> Early childhood educator	<input type="checkbox"/> Home school educators	<input type="checkbox"/> Nonformal educator (e.g. nature center staff)	
<input type="checkbox"/> College or univ faculty (for teacher prep programs)	<input type="checkbox"/> College or univ faculty (for other programs)		
<input type="checkbox"/> College student (in teacher preparation program)	<input type="checkbox"/> College student (in other programs)		
<input type="checkbox"/> Natural resource professional	<input type="checkbox"/> Tree Farmer or landowner		
<input type="checkbox"/> Youth group leader (e.g. Scouts, 4-H)	<input type="checkbox"/> Other, describe: _____		
- In what subjects will you use PLT? (check all that apply)

<input type="checkbox"/> Science	<input type="checkbox"/> Social Studies	<input type="checkbox"/> Mathematics
<input type="checkbox"/> Reading	<input type="checkbox"/> Language Arts	<input type="checkbox"/> Visual Arts
<input type="checkbox"/> Special Education	<input type="checkbox"/> Performing Arts	<input type="checkbox"/> Physical Education
<input type="checkbox"/> Other, describe: _____		
- How many students do you reach in a typical year? _____
- What is the primary demographic for your students?

<input type="checkbox"/> Urban	<input type="checkbox"/> Suburban	<input type="checkbox"/> Rural
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- How did you learn about PLT? (check all that apply)

<input type="checkbox"/> Colleague	<input type="checkbox"/> School Administrator	<input type="checkbox"/> Conference
<input type="checkbox"/> Social Media	<input type="checkbox"/> Online Research	<input type="checkbox"/> Webinar
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Professional Organization	
<input type="checkbox"/> Newspaper/TV/radio	<input type="checkbox"/> Journal/publication/newsletter	
<input type="checkbox"/> Other, describe: _____		

By providing your contact information, you accept the practices described in Project Learning Tree's Privacy Policy, a copy of which can be found at www.plt.org.