



# MARYLAND PROJECT WET PROGRAM EVALUATION FORM



(Please print in blue or black ink only)

Program Facilitators: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: Day: \_\_\_\_\_

Evening: \_\_\_\_\_

I am attending a Project WET:

- Presentation (less than 4 hrs)
- Facilitator Workshop (12-16 hrs)
- Educator Workshop (6-10 hrs)
- Refresher Facilitator Workshop

My position is:

- Preschool Teacher
- Elementary Teacher
- Middle School Teacher
- High School Teacher
- Industry Representative
- Media Specialist
- College Faculty
- Principal
- Superintendent
- Environmental Educator
- Youth Organization Leader
- Pre-service Teacher
- Special Educator
- Curriculum Specialist
- College Student
- Other

I am most likely to use Project WET with:

- Elementary
- Secondary
- College
- Preschool
- Grades K-12
- Adult
- Middle
- All levels K-12
- Other

I will teach approximately this number of individuals annually:

- None
- 61 – 120
- 251 – 500
- 1 - 30
- 121 – 150
- 501 – 1000
- 31 – 60
- 151 – 250
- 1001 – 5000

The Project WET program was:

- Excellent
- Good
- Average
- Needs to be Improved

Comments:

Please complete the reverse side.

Please rate the following on a scale from 1 to 5. Check one.

1 = Strongly Disagree 5 = Strongly Agree

Statement	1	2	3	4	5	6
1. The objectives of the program were clear to me. Comments:						
2. Project WET materials were appropriate for my needs. Comments:						
3. The program activities were relevant to me. Comments:						
4. The program was well prepared. Comments:						
5. The facilitators were enthusiastic and pleasant. Comments:						
6. The program was well organized. Comments:						
7. The National Project WET background, goals, teaching strategies, etc. shared during the program were helpful to me. Comments:						
8. The facilities and amenities (settings, breaks) were suitable. Comments:						

Other Comments: