

Leave No Trace Awareness Workshop Report Form

Name: _____

Circle one: Master Educator Trainer Other

Date of Workshop: _____

Type of Workshop (30 minute, half-day, 8 hour, etc.): _____

Workshop Location: _____

Intended Audience: _____

1. Was the workshop a success?
2. Do you feel you met the needs of your audience?
3. Did you meet your personal goals for the workshop?
4. Do you foresee additional training opportunities for this audience?
5. Did you charge a fee for this workshop? If yes, how much and what did the fee include?
6. Please list any additional comments regarding this workshop.