

PROJECT LEARNING TREE® WORKSHOP PROPOSAL Please allow at least 8 weeks



Facilitator Information:	
Name:State Park, Forest, or location name if applicable:	
City:	State: Zip Code:
Business Phone (daytime):	Cell Phone (evening):
Email:	
Co-Facilitator(s) Name and Organization	
Workshop Information:	
Date(s) of Proposed Workshop:	Proposed Number of Participants:
Location (Site, City, State):	
Times and Total Workshop Length:	
Number of Act 48 Hours Offered:	
Workshop Audience: Check all that apply	
☐ Early Childhood Educators ☐ K-8 Educators ☐ Secondary Educators ☐ Pre-service ☐ Non-Formal ☐ Other:	
Is this a Joint Workshop?	
□ Yes □ No If yes: □ with WET □ with WILD □ with WET & WILD □ Other:	
Is this Workshop open to anyone? (If yes, the workshop information will be advertised through list serves and websites.)	
☐ Yes ☐ No	
Are You Charging?	
Proposed Workshop Agenda:	
Is this workshop: ☐ In-Person ☐ Hybrid (In-Person and Virtual) ☐ Virtual	
Please attach your proposed workshop agenda. Include the specific activities that you will be using from the guides.	
Number of PLT Guides Needed:	
K-8 Explore Your Environment Trees & Me Early Child	lhood (ages 1-6) Green Jobs: Exploring Forest Careers
GreenSchools Investigations GreenSchools for Early Childhood	
Secondary Modules:	
	Focus on Forests Forests of the World
	Climate Change
Send Workshop Proposal To:	

State Forests and all others, return to (include a tentative agenda):

Bureau of Forestry Communications Section, 400 Market Street, Harrisburg, PA 17101 PaForester@pa.gov

State Parks' employees return to (include a tentative agenda):

Christine Ticehurst, Bureau of State Parks RCSOB, 400 Market St., 8th floor, Harrisburg, PA 17101 cticehurst@pa.gov