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| **Educational Program Sheet** |
| **Class Title: Paraprofessionals Watershed Restoration Training** | **Date(s): Spring 2014** | **Time: 2 hrs** |
| **Instructor: Water Resources Program Associate** | **Affiliation:** Rutgers Cooperative Extension Water Resources Program |
| **Instructional Goal** :  | **Specific topic:** *Circle One:* **Horticulture Wildlife Ecology Sustainability Agro-Ecology**  |
| **Price:** **Duke Farms Staff and Duke Stewards Invited to attend at no Charge** | **Materials Fee (*If Any*)** **Per Person:**  | **Max. Attendance:** | **Min. Attendance:**  | **Age Limit:**  |
| **Outcome** (changes in lives of individuals, families, organizations or community as a result of this program):  |
| **Relates to DF Mission:** (How?) *Duke Farms Serves as a model of environmental stewardship in the 21st century and inspires visitors to become informed stewards of the land.*  | **Relates to Program Mission**: *Teach visitors of all backgrounds to be leaders in environmental stewardship through innovative educational programming and volunteerism, encouraging them to inspire others.* |
| **Lesson Content** (What’s being taught) (Use separate sheet if necessary) |
| **DESCRIPTION FOR WEB:** **Photos for web:**  |
| **Instructional Procedures:**1. Teaching procedures (methods you will use): behavioral/social learning
2. Student participation (how will you get the students to participate):
3. Closure (how you will end the class):
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| **Indicators** (specific measureable information collected to track whether an outcome has actually occurred): Pre and Post Survey distributed to participantsProgram Evaluation also distributed to participants at the end of the activity.**Evaluation Method**: *Survey Monkey assessing Impact will be sent out after each program.*  |
| **Materials/teaching aids/ etc.** (what do you need to teach the class?) |

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| **Educational Program Instructional Needs Form** |
| **Instructor Contact Information** | **Cell Phone Day of Event** | **Email address** | **Affiliation** |
| **Primary Instructor Name: TBD** | **TBD** | **TBD** | **Water Resources Program** |
| **Logistics:** *Please fill out the information below.* |
| **AV Needs (Check 1):** 🗖A/V (laptop, Screen, Projector, Remote, Microphone) 🗖TV/DVD  🗖Other, Please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **🗖NONE** |
| **Seating Style (Check 1):** 🗖 Standard (Seats 45 with tables)🗖Hollow Square 🗖U-Shape 🗖Theater 🗖 Other, Please Describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **🗖NONE** |
| **Safety & Security Please check all that apply:** |
| 🗖Access to Core Before/After Hours 🗖Access to Coach Barn 🗖 Access to Farm Barn before/after regular hours 🗖Lights on/off before/after hours **🗖NONE** |
| **Catering: Please check one** 🗖Yes 🗖 No🗖 Bringing Meal |
| **Preparation Access to Facilities (Scouting) Before or After Regular Hours:** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_ |
| **Other needs, please describe:** | **Spontaneous Education Opportunity:*****(Please describe any associated activity that will be available to the public after this program) Be sure to include the educator and timing.*** |
| **For Programs Office Use Only:****DF Staff Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Assigned Location: ­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Please Date and Initial When Complete: Date Initial** **Entered into VISTA \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Entered into MuseumTix \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Entered into Website \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Promoted on: \_\_\_\_\_ Facebook \_\_\_\_\_\_\_ Twitter \_\_\_\_\_\_\_\_ Other – Describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Motor Pool Vehicle Reservation Please check all that apply:**  |
|  **🗖NONE**🗖GEMS 🗖Golf Cart 🗖Prius 🗖11 Passenger Van 🗖Tram 🗖Other, Please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |