RARE CATS Year 2 Participants  
Workshop Completion Form

Session Title: ________________________  Session Dates: ____

Presenter(s)
Names: __________________________________________________
County: ________________________________________________

Session Data:

1. Audience
   ___ preschool teachers
   ___ elementary teachers
   ___ middle school teachers
   ___ high school teachers
   ___ supervisors
   ___ other (specify)

2. Support from School District
   ___ travel
   ___ materials
   ___ publicity
   ___ release time for you
   ___ release time for participants
   ___ other
   ___ Contributions from other sources

   Number of Participants
   __________

   estimated value
   of contributions ______

   Please list any other contributors: ________________________
   ______________________________________________________

3. Duration (hours) of workshop ______

4. Materials disseminated (include copies of materials workshop agendas and evaluations where possible)

5. Attach a brief description of your workshop. Describe the ways in which you assisted other teachers in understanding the concept of scientific research and its application to classroom instruction.

Please complete this form and bring it with you to the meeting.