



Published & Copyright 2016 by Patty Ann

All Rights Reserved.

No part of this book may be reproduced, stored in or introduced into a retrieval system, or transmitted, in any form or by any means (electronic, mechanical, photocopying, recording or otherwise) without the prior written permission of the author-publisher. Inquiries and questions can be directed to [PattyAnn.net](http://PattyAnn.net).

ALL SALES BENEFIT  
PATTY ANN.NET  
PET PROJECT



THANK YOU!

# **The Workshop Planner All-Purpose Q&A Templates for Event Planning**

## **How To Use this Template Guidebook**

There are NO lengthy explanations on how to design and plan a workshop here!

Just fill in these inquiry *Workshop Planning Sheets* and you will have your event all mapped out for you! This zip packet includes this PDF guidebook, to copy off templates for individual use. And included are the original templates in a separate Word Doc, which you may edit and modify to suit your workshop needs.

BTW ~ Although this guide provides comprehensive templates for planning a workshop, it is also suitable for designing and creating CLASSROOM or OTHER CURRICULA project needs. Please Enjoy!

## **Workshop Planning Templates Include:**

**PURPOSE & AUDIENCE**

**MEDIA**

**EVENT EXPENSES**

**WORK-IT-OUT to EVALUATE BUDGET & EXPENSES**

**PARTICIPANT PAYING OPTIONS**

**VENUE PLANNER**

**CURRICULUM PLANNER**

**FOOD PLANNER**

**DAY 1 ~ TIME PLANNER**

**DAY 2 ~ TIME PLANNER**

## Workshop PURPOSE & AUDIENCE

Inquiry Questions	Details / Notes	CHECKLIST √ = DONE
Workshop Genre, Check All that Apply: <input type="checkbox"/> Lecture <input type="checkbox"/> Hands-on <input type="checkbox"/> Group Work <input type="checkbox"/> Self Guided <input type="checkbox"/> Passive or <input type="checkbox"/> Active <input type="checkbox"/> Other, Specify Learning Methods Employed		
Specify the Skill Sets to be Accomplished: What's the take away or intended goal? <input type="checkbox"/> Information Only <input type="checkbox"/> New Skills <input type="checkbox"/> Name Specify Knowledge or Skill to be Gained		
Your Workshop Topic Name: State in 5 Words or Less.		
Your Workshop By Line or Promo Slogan:		
What is the Primary Goal Objective of the Workshop?		
What are the Secondary Goals?		
What Concluding You Seek for the Participants?		
Genre of Audience: <input type="checkbox"/> Business Professionals <input type="checkbox"/> Students/Teachers <input type="checkbox"/> Parents / Grandparents <input type="checkbox"/> Teens/Young Adults <input type="checkbox"/> Other, Specify Exactly:		
Contact Format: <input type="checkbox"/> Private Invite <input type="checkbox"/> Public Invite <input type="checkbox"/> Other, Specify Exactly:		

## Workshop MEDIA

Check Each Media to be Utilized in Your Workshop	Explain Type & Use Here	PRIORITIZE MEDIAS USED HERE
<input type="checkbox"/> <u>Printed Materials:</u> Handouts, Manuals, Books, Brochures, Tickets, Business Cards, Promo Packets, Other		
<input type="checkbox"/> <u>Videos:</u> Training, Examples, Icebreakers, Inspirational, Entertainment Only, Other		
<input type="checkbox"/> <u>PowerPoints:</u> Visuals for Demos, Augmenting Presentation, Overview or Agenda Highlights, Other		
<input type="checkbox"/> <u>Audios:</u> Music, Meditations, Background Music, Speeches, Training Examples, Other		
<input type="checkbox"/> <u>Other Media:</u> Television, Radio, Notebooks, Pens, Markers, Magazines, Screens, Media Equipment Rental, Specify Related Items		
<input type="checkbox"/> <u>Craft and Art Supplies,</u> or Packets Furnished for Hands On Workshops: Best to Supply All Items and Build into the Workshop Price.		

Sample

**Workshop**  
**EVENT EXPENSES**  
 Rentals – Purchased Outright – All Related!

**EXPENSE BREAKDOWN PER CATEGORY**

**WORKSHOP LEADER FEES**

Inquiry Questions	Details /	TOTAL COSTS
Workshop Leader Fees: <input type="checkbox"/> You OR <input type="checkbox"/> Another? <input type="checkbox"/> How Many Presenters?		\$
<input type="checkbox"/> Food Budget for Leader		\$
<input type="checkbox"/> Other Gratuities such as Travel Expenses, Appreciation Gifts, Etc.		\$
TOTAL LEADER COSTS AND Place the TOTAL HERE →		\$

**LODGING EXPENSE**

<input type="checkbox"/> Lodging for Leader <input type="checkbox"/> Provided <input type="checkbox"/> Not Provided <input type="checkbox"/> Other, Specify:		\$
<input type="checkbox"/> Lodging for Participants <input type="checkbox"/> Provided <input type="checkbox"/> Not Provided		\$
<input type="checkbox"/> Other Related Lodging Expenses: <input type="checkbox"/> Parking Fees <input type="checkbox"/> Housekeeping <input type="checkbox"/> Laundry <input type="checkbox"/> Other, Specify:		\$
TOTAL LODGING COSTS →		\$

## ROOM RENTAL FEE

Location Where the Workshop Will Be Held: <input type="checkbox"/> Event Center Location <input type="checkbox"/> Classroom <input type="checkbox"/> Other Specify <input type="checkbox"/> NO Cost > FREE	Cost per Hour/Day/Session: \$	Multiply Cost by #Days = \$ \$	<b>TOTAL ROOM RENTAL</b> \$
--	----------------------------------	-----------------------------------	--------------------------------

Event Location Address:

Phone:

Website:

Notes / Details:

## MEDIA EXPENSE

<input type="checkbox"/> Printed Materials			\$
<input type="checkbox"/> Videos			\$
<input type="checkbox"/> PowerPoint			\$
<input type="checkbox"/> Audio			\$
<input type="checkbox"/> Craft/Art Supplies	Cost per individual	Cost for Total Participants	\$
<input type="checkbox"/> Other		\$	\$
<b>TOTAL MEDIA COSTS →</b>			\$

## WORKSHOP GIVEAWAYS

Name of Giveaway	Explanation of Use	TOTAL COSTS
Giveaways Add Fun to Workshops. May Include: <input type="checkbox"/> Raffle Items, Specify <input type="checkbox"/> Gift Cards <input type="checkbox"/> Theater Tickets <input type="checkbox"/> Weekend Getaways <input type="checkbox"/> Books, Media Items <input type="checkbox"/> Other, Specify:		\$
<b>TOTAL GIVEAWAY COSTS →</b>		\$

## Workshop VENUE PLANNER

Planning Points	Details / Notes	CHECK OFF LIST
Workshop Date or Dates:		
Workshop Begin/End Times:		
<b>Workshop Length:</b> <input type="checkbox"/> One Hour <input type="checkbox"/> Several Hours <input type="checkbox"/> One Day <input type="checkbox"/> 2 Days or More <input type="checkbox"/> Other, Specify		
<b>Workshop Notifications Announcements Sent Out:</b> <input type="checkbox"/> One Week Notice <input type="checkbox"/> One Month <input type="checkbox"/> ___ Months Notice <input type="checkbox"/> Specify Time Line		
<b>On-Site Parking Availability:</b>		
<b>Location Accessibility:</b> <input type="checkbox"/> Handicap Accommodatic		
<b>Room Set-up Equipment:</b> Tables, Chairs, Media Equipment, Lighting, Other, Specify:		
<b>Building Features:</b> Restroom, Access Food Vending, Heating/A Ventilation, Other:		
<b>Number of Participants:</b>		
<b>Number of Workshop Leaders:</b>		
<b>Considerations:</b> > Length of Workshop = Accommodating Food and/or Lodging Needs > Equipment Rental Needs > Venue Space Availability > Seasonal Restrictions > Other, Specify:		

# Workshop CURRICULUM PLANNER

Workshop Plan	Details / Notes	Time Duration
Introduction:		
Icebreaker:		
Overall Goal or Objective:		
<b>COURSE TOPIC OVERVIEW INTRODUCED BY:</b>		
<input type="checkbox"/> Overhead PowerPoint		
<input type="checkbox"/> Handouts		
<input type="checkbox"/> Black or Whiteboard		
<input type="checkbox"/> Media Type Employed		
<input type="checkbox"/> Verbal Introduction		
<input type="checkbox"/> Other Curricula Implemented		
<b>BEGIN 1<sup>st</sup> TOPIC:</b>		
Briefly State 1 <sup>st</sup> Topic Objective:		
Topic Plan (Check All That Apply)		
<input type="checkbox"/> Delivery of Topic Notes		
<input type="checkbox"/> Lecture		
<input type="checkbox"/> Media Employed		
<input type="checkbox"/> Audience Participation		
How to solve your Student Problem or Example:		
<input type="checkbox"/> Q&A Session		
<input type="checkbox"/> Group Activities		
<input type="checkbox"/> Hands On Projects		
<input type="checkbox"/> Internet Assignments		
<input type="checkbox"/> Presentations		
<input type="checkbox"/> Other Methods-Specify:		
<input type="checkbox"/> Type of Handouts Specify:		
<input type="checkbox"/> Specific Target Points Specify:		
<input type="checkbox"/> Concluding Remarks, Participant Takeaways, Mini Lesson Check Points, Student Assessments.		



**BEGIN 2nd TOPIC:**

Briefly State 2<sup>nd</sup>  
Topic Objective:

Topic Plan  
(Check All That Apply)

- Delivery of Topic Notes:
- Lecture
- Media Employed
- Audience Participation
- Handouts
- Specific Target Points
- Concluding Remarks,  
Participant Takeaways,  
Mini Lesson Check Points,  
Student Assessments.

*Copy & Repeat Additional Objectives Here*

**ENDING YOUR WORKSHOP**

Introduce the Workshop END

How to Assess Student Learning:

- Student Presentations
- Knowledge Assessment
- Project Completion
- Discussion of Topic Points
- Other, Specify:

**CLASS FEEDBACK**

- Participant Handouts
- Email Questionnaires
- Online Feedback
- Other, Specify:

**FOLLOW UP**

- Email Thank You
- Email Follow Up Tips
- Postcard Reminders
- Invites to Future Workshops
- Website Blog & Updates
- Monthly Newsletters
- Other, Specify:

## Workshop FOOD PLANNER

Menu Planning	Details / Notes	CHECK OFF FOOD/DRINKS SUPPLIED
<p><b>Breakfast Furnished:</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>		
<p><b>If Yes, Beverages Furnished:</b></p> <p><input type="checkbox"/> Coffee</p> <p><input type="checkbox"/> Teas</p> <p><input type="checkbox"/> Juice</p> <p><input type="checkbox"/> Water</p> <p><input type="checkbox"/> Soda Pop</p> <p><input type="checkbox"/> Wine or Beer</p> <p><input type="checkbox"/> Other, Specify:</p>		
<p><input type="checkbox"/> If Yes, Foods Furnished:</p> <p><input type="checkbox"/> Full Breakfast</p> <p><input type="checkbox"/> Ala Carte Menu</p> <p><input type="checkbox"/> Specify Items in Notes</p>		
<p><b>Lunch Served:</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>		
<p><b>If Yes, Beverages Furnished:</b></p> <p><input type="checkbox"/> Beverages furnished</p> <p><input type="checkbox"/> Coffee</p> <p><input type="checkbox"/> Teas</p> <p><input type="checkbox"/> Juice</p> <p><input type="checkbox"/> Water</p> <p><input type="checkbox"/> Soda Pop</p> <p><input type="checkbox"/> Wine or Beer</p> <p><input type="checkbox"/> Other, Specify:</p>		
<p><input type="checkbox"/> If Yes, Foods Furnished:</p> <p><input type="checkbox"/> Full Lunch</p> <p><input type="checkbox"/> Ala Carte Menu</p> <p><input type="checkbox"/> Specify Items in Notes</p>		

**Workshop**  
**DAY 1 ~ TIME PLANNER**

<b>Time Line</b>	<b>Event</b>	
7:00-8:00am		
8:00-9:00am		
9:00-10:00am		
10:00-11:00am		
11:00-Noon		
Noon-1:00pm		
1:00-2:00pm		
2:00-3:00pm		
3:00-4:00pm		
4:00-5:00pm		
5:00-6:00pm		
6:00-7:00pm		
7:00-8:00pm		
8:00-9:00pm		

Sample

*Thank YOU for Previewing*  
**The Workshop Planner**



**THANK YOU FOR SUPPORTING**

