THE
LEADERSHIP

CLINIC
MANUAL

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the leadership clinic manual:
tools for transforming conference design

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HOW TO USE THIS MANUAL

"The mind, once expanded to the dimensions of larger ideas, never returns to its original size." Oliver W. Holmes

WHAT IS THIS MANUAL?

This manual is a sourcebook of information and ideas for designing shared learning events for teams using the "Leadership Clinic" approach. The manual's purpose is to provide you with the processes and tools to design your own clinic, conference, workshop or meeting. This manual is not, however, a prescription. You are welcome to borrow, adapt, and experiment with any of the tools, processes and ideas presented here.

WHO CAN BENEFIT FROM THIS MANUAL?

This manual is for anyone who wants to design meetings, workshops and conferences differently. While leadership clinics were inspired by and reflect the needs and expertise of the environmental education field, the clinic approach is not limited to this field. The overall clinic design, small and large group processes, and tools featured in this manual can be used by anyone designing small, medium and large meetings, workshops and conferences.

HOW IS THIS MANUAL ORGANIZED?

There are five chapters:

- ❖ **Chapter 1** Invitation to Dance: Bringing Conferences to Life
- ❖ **Chapter 2** Leadership Clinic Design: Participants, Processes and Tools
- ❖ **Chapter 3** Leadership Clinic Planning: Communication, Logistics and Follow-up
- ❖ **Chapter 4** Adapting the Model: State and Regional Leadership Clinics
- ❖ **Appendices**

Each chapter begins with an overview followed by sections that describe individual group processes, tools and planning considerations. Each section contains the following:

Essential Idea: A brief statement at the start of each section summarizes the main concept.

Description: One or more paragraphs describe each section topic in detail.

Tips: Suggestions help you take advantage of lessons learned from past clinics.
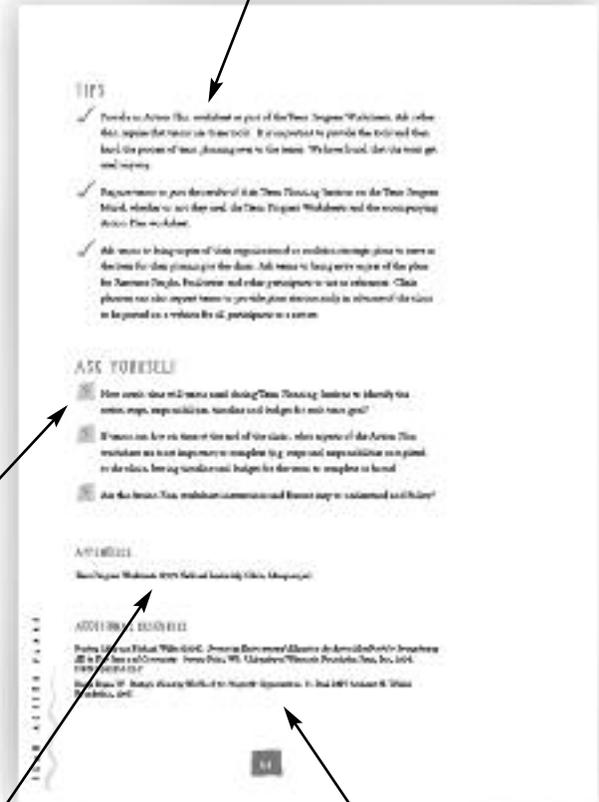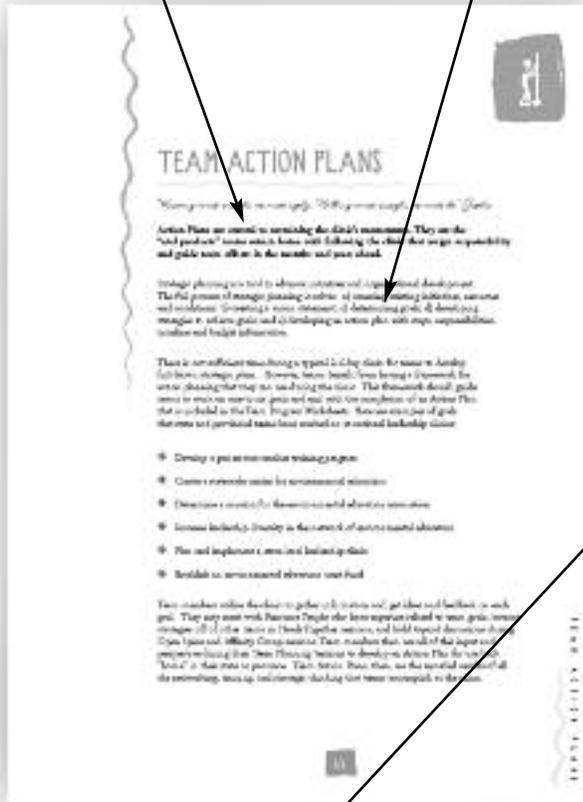
Ask Yourself: Questions help you and your colleagues explore how each section topic relates to the conference, workshop or meeting you are designing.

Appendices: Samples such as letters, templates, agendas and other tools that are valuable in their entirety are referenced and included in the final chapter.

Additional Resources: Resource materials, websites and contacts direct you to sources of further information.

GLOSSARY OF TERMS
[CLINIC PARTICIPANTS, GROUP PROCESSES AND TOOLS]

*Terms used for the leadership clinic participants, group processes,
and tools featured in this manual are defined here.*

Affinity Groups: Informal opportunities for participants to discuss topics of their own choosing whenever there is free time during which no other clinic activities are scheduled.

At-A-Glance Agenda: A one-page, text-based agenda that lists chronologically all session times, locations and titles.

Clinic Coordinator: An individual who provides leadership to the clinic planning committee. Responsibilities include arranging face-to-face meetings or conference calls, preparing agendas, and ensuring that clinic planning proceeds on schedule.

Clinic Rehearsal: A physical and mental "walk-through" of the clinic for Resource People, Facilitators and clinic planners. This simple but crucial trial run helps planners imagine the flow of the clinic, identify potential glitches and ensure a smooth running clinic.

Cyber Café: An event at which participants visit featured websites and search the Internet for information and resources in a fun, informal setting. Laptop computers are stationed around a room (which may be arranged like a coffeehouse) so that participants can explore the Internet on their own or in small groups.

Cyber Cinema: An event at which participants view demonstrations of select websites by visiting one or more rooms converted to "movie theaters."

Daily Check-ins: Brief meetings that provide participants with regular opportunities during the clinic to get information and answers to questions. Check-ins also help clinic planners identify and act on needed changes. One Check-in at the beginning or end of each day is recommended for Team Liaisons, Resource People and Facilitators, or these three groups can each meet at separate Check-ins.

Dance Card: A tool to help participants schedule meetings with other teams, Resource People and Facilitators throughout the clinic.

Electronic Virtual Clinic: A tool that enables teams to include more team members in the clinic than can be afforded or accommodated on-site. Individuals not attending the clinic communicate with on-site team members using Internet and email technology.

Evaluation Forms: Forms completed by participants after individual clinic activities or at the close of the clinic that provide data about participant satisfaction and how well the clinic achieved its measurable objectives.

Facilitators: Individuals trained in facilitation techniques who help teams prioritize and progress on goals during Team Planning Sessions. Floating Facilitators are available on an as-needed basis to work with any team. Team Facilitators are assigned to specific teams in advance of the clinic at each team's request.

Facilitator Training: A pre-clinic preparation for Team and Floating Facilitators to clarify Facilitators' roles at the clinic, provide "brush-up" facilitation skills training and tips, role-play anticipated facilitation scenarios and address Facilitators' questions or concerns.

Floating Facilitators: Individuals who work on an as-needed basis with any team that decides it wants facilitation assistance during Team Planning Sessions or other team meetings.

Graphic Flow Agenda: A lively, map-like agenda with sessions depicted by icons to emphasize the flow between small and large group sessions.

Heads Together: A team-to-team problem solving activity in which teams are paired with one another to gain and provide insights into the challenges they each face.

I Commit: A brief "to do" list that participants draft containing the follow-up steps they each plan to take once they leave the clinic.

Lead Facilitator: An individual who works closely with clinic planners, Resource People and Facilitators to ensure that clinic processes run smoothly and that clinic tools meet participants' needs. The Lead Facilitator co-leads plenary sessions with the Clinic Coordinator, is a communication link between participants and clinic planners, and recruits and trains Team and Floating Facilitators.

Narrative Agenda: A multi-page, text-based agenda with thorough descriptions of all sessions that enables participants to learn about and prepare for the clinic's upcoming small and large group processes.

Open Space Technology: A technique for organizing conferences, workshops and meetings that enables participants to create their own agenda and deal with complex issues in a short period of time. Originated by Harrison Owen in collaboration with thousands of participants and practitioners, Open Space events have been used worldwide with 5 to 1,000 participants who self-manage discussions and decision making processes and immediately document and disseminate results using the discussion groups' notes.

Participant Observer Interviews: Candid input from participants gathered by outside evaluators or Resource People who conduct short interviews during breaks, meals and other down times. The input is formative, enabling clinic planners to make adjustments during the clinic.

Personal and Organizational Biographies: Brief 1-2 paragraph descriptions of all participants and organizations that are distributed prior to the clinic to help participants learn about one another.

Plus-Minus-Change Chart: A versatile evaluation grid that solicits detailed participant feedback on what worked well, what did not work well, and suggested improvements for the clinic's small and large group processes and tools.

Professional Development Workshops: Pre-planned sessions requested by participants and offered by Resource People or teams. Workshops develop professional skills, techniques or competencies, as well as present cutting edge information. Each workshop results in a "product" that participants take home and use.

Resource People: Individuals who provide content, skills and perspectives to teams. Resource People lead Professional Development Workshops and plenary sessions, and meet and work with teams one-on-one at the teams' requests during Team Planning Sessions, Affinity Group Meetings and other sessions.

Share Fair: A festive, informal reception-style event for participants to learn about one another and identify who they want to meet with throughout the clinic.

Site Map: A map of the facility that indicates the locations of meeting rooms and Team Planning Sessions so that Resource People, Facilitators and teams can find one another for appointments and to deliver messages.

Successes & Conundrums: Lists of one another's successes (initiatives, expertise and skills to share) and conundrums (challenges for which assistance is sought) that enable participants to seek out and provide assistance to one another throughout the clinic, including the Share Fair.

Teams: Three or more participants who attend the clinic together and meet during Team Planning Sessions. Team participation is a key characteristic that distinguishes a clinic from typical conferences based on individual participation.

Team Action Plans: The "end products" that teams return home with following the clinic that assign responsibility and guide team efforts in the months and years ahead. Action Plans are central to sustaining clinic momentum.

Team Facilitators: Individuals who work regularly with assigned teams, prior to and during the clinic, helping to prioritize and progress on team building, goals and Action Plans during Team Planning Sessions.

Team Liaison: A representative from each team who serves as the point person for clinic mailings and communications prior to, during and following the clinic. The Team Liaison attends Daily Check-ins and communicates the information back to team members.

Team Liaison Orientation: A brief meeting that familiarizes team representatives with clinic tools and resources in a small group setting following the Whole Group Orientation. As with Daily Check-ins, Team Liaisons are responsible for conveying information from the Team Liaison Orientation to their teams.

Team Planning Sessions: A series of small group sessions throughout the clinic for teams to create and revise their Action Plans, debrief from and prepare for other clinic sessions, and meet as needed with Resource People or other teams.

Team Portfolio: A collection of materials that a team produces at the clinic and uses to share clinic accomplishments with colleagues back home. Portfolios also double as a clinic evaluation tool for clinic planners.

Team Progress Mural: A large, centrally located wall-sized chart that depicts teams' emerging accomplishments and questions, and that encourages greater interaction and shared learning among teams.

Team Progress Worksheets: Forms that teams complete during Team Planning Sessions and post on the Team Progress Mural.

Tools Pack: A folder or binder containing the At-A-Glance Agenda, Graphic Flow Agenda, Team Progress Worksheets, Dance Card, Site Map and other tools that participants will use throughout the clinic to help them navigate the clinic's small and large group processes.

Virtual Clinic Coordinator: A representative from each team who serves as the point person for surveys and communications from clinic planners regarding the Electronic Virtual Clinic, recruits at-home team members who participate electronically in the clinic, and ensures that regular communication takes place during the clinic between on-site and at-home teammates.

Whole Group Closing: A wrap-up to the clinic that allows participants to synthesize, celebrate and evaluate their clinic experience and commit to further actions.

Whole Group Orientation: An interactive, informative opening that welcomes participants, familiarizes them with the agenda and tools, and allows them to get swept up in the spirit of the event.

CHAPTER 1: INVITATION TO DANCE
bringing conferences to life

INVITATION TO DANCE

[BRINGING CONFERENCES TO LIFE]

S E C T I O N S :

INVITATION TO DANCE

"The future is insisting that we become bolder." Margaret Wheatley
Seattle, Washington, March 2000

We have been too timid. Although we long to liven our time at work and make better use of meetings, we have been reluctant to experiment with new ways of convening, too lulled by the sameness of agendas, meeting rooms, presentations and proceedings.

We wrote this manual to offer a new approach. Ours is a fast-paced time with urgent issues that need our attention and creativity. We cannot afford to expend resources on meetings and conferences that drain individual and group energy and wisdom. Why do we convene meetings? Why do we attend conferences when we believe, on one hand, that our real work takes place outside of these venues? "It is, after all," writes Stephen King, "the dab of grit that seeps into an oyster's shell that makes the pearl, not pearl-making seminars with other oysters."[1]

We meet together because we know we need one another. We know that it takes group as well as individual effort to create the communities in which we want to live and the futures of which we dream. But how do we labor together well? In what enjoyable and productive ways might we generate new ideas, help one another solve problems and ultimately envision and craft the blueprints for our desired futures?

We *can* design large group events like meetings and conferences so that they rejuvenate us, inspire us and propel us to think and act in new or more effective ways. But to do so, we need to become bolder. We need to make our way onto the dance floor and experiment with new moves. With every individual and group act, we are doing nothing less than creating our future. If we want to be intentional about that future, then yes, "The future is insisting that we become bolder." This is your invitation to dance.

[1]Steven King, *On Writing*

THE LEADERSHIP CLINIC STORY

Nobody wanted to leave. After announcing three times that airport shuttles had arrived, an event organizer gently corralled one hundred and ten chatting participants out the door and into shuttles. We had come from all over the United States and Canada to meet and learn from one another, and at the close of the 4-day event, we still couldn't stop talking.

This event, held in Tomahawk, Wisconsin in 1996, was the first in what would become a series of participant-driven national conferences called "Leadership Clinics". The purpose of these clinics was to help state and provincial environmental education leaders strengthen their programs by providing them with opportunities to: 1. network and build relationships; 2. receive professional development; and 3. develop action plans. Participants, who attended the clinic in teams, took part in team building exercises, sessions on innovative environmental education initiatives, and skill-building workshops on topics such as fundraising, partnerships, and non-profit board development. The intensity of participant interactions and the quality of the resulting team action plans suggested that we were on to an exciting new approach to conferencing.

A second clinic was held in 1997 in the small town of Potosi, Missouri. The training provided in Potosi, however, did not inspire the same level of interaction and excitement as the previous clinic because it fell back on traditional conference design. After sitting in facilitated sessions for several hours in one large meeting room, participants were tired. They were eager to interact with one another but had limited time to talk during short breaks and stolen moments in the hallway. Participants craved more time to work as teams and to meet and learn from colleagues.

We learned from this clinic and strengthened the 1998 and 1999 clinics' participant-driven design by combining successful aspects of the first two clinics with new group processes and tools. Some of the group processes and tools featured in this manual we created ourselves. Others, like Open Space Technology, we borrowed or modified. As a result, the clinics' overall purpose—networking, professional development and action planning—has remained constant, while clinic design has evolved and improved.

Following the national clinics held in 1998 in San Diego and in 1999 in Albuquerque, participants began adapting the design for their own use at regional, state and local levels. Statewide clinics have since been held in Illinois and Wisconsin, and a network of environmental educators in Iowa, Kansas, Missouri and Nebraska organized a four-state regional clinic. Regional clinics have also taken place in the Central Southwest and in the Rocky Mountain states.

"Just about the time I get discouraged with what seems to be the hopelessness of the task, it is time for another leadership clinic." Anonymous Participant, 1998 National Leadership Clinic, San Diego

These state and regional clinics added new small and large group processes and tools to the design, and planning is underway for additional clinics. This manual, then, is the direct outgrowth of the ideas and energies of the more than 600 environmental educators who have designed and participated in leadership clinics over the past five years. And the clinic design continues to evolve.

The purpose of this manual is to assist you in designing your own participant-driven conferences, meetings and workshops. Our hope is that your work will in turn contribute more ideas and momentum to the design of events that rejuvenate us, inspire us, and propel us as individuals and in groups to think and act in new and more effective ways.

"I have attended three clinics now, and every year I feel renewed and refocused. The leadership clinic has become a very important tool to define who I am as an environmental educator." Nan Buckardt, Illinois Team Member, 1998 National Leadership Clinic, San Diego

BRINGING CONFERENCES TO LIFE:
[LEADERSHIP CLINIC PRINCIPLES AND CHARACTERISTICS]

"There go my people. I must find out where they are going so that I can lead them."
Alexandre Ledru-Rollen, French politician

A set of principles and characteristics for participant-driven conferences emerged directly from our experiences with organizing and participating in national, regional and state leadership clinics since the mid 1990's. We started planning clinics with the belief that conferences, meetings and workshops needed to look and feel different to result in shared learning and group action. After several years of creating and refining the clinic's participant-driven design, we asked ourselves: what distinguishes the clinic approach from traditional conference and meeting methods? Our answers to that question generated these principles and characteristics, which describe the clinic approach and can help you design your own participant-driven events.

LEADERSHIP CLINIC PRINCIPLES

- Everyone has something to give. Everyone has something to gain.
- Self-managing teams can chart their own learning.
- Model the process in order to widen the circle.
- Play and art promote learning and productivity.
- There is enough expertise in the room to change the world.
- Event design is itself a collective, community building process.

LEADERSHIP CLINIC CHARACTERISTICS

- A clinic's three-fold purpose is to provide opportunities for networking, professional development and action planning.
- Large and small group processes are interwoven throughout each clinic.
- A clinic is designed primarily to serve teams of participants.
- Each team that participates in a clinic produces and commits to implementing its own Action Plan.
- No two teams experience the clinic alike.
- No two clinics are alike.

LEADERSHIP CLINIC PRINCIPLES

Everyone has something to give. Everyone has something to gain.
This principle emerged out of our realization that all participants' skills, talents and experience are a form of expertise that can and should be shared. The most successful participant-driven clinics involve small and large group processes and tools that help us maximize our abilities to learn and plan together.

Self-managing teams can chart their own learning.
Teams learn and work best when given the opportunity, resources and tools to chart their own paths. As a result, the clinic's participant-driven design is centered on providing teams with group processes, time and on-hand resources to create high impact Action Plans. A large portion of participants' time at clinics is spent in Team Planning Sessions, during which teams invite Facilitators, Resource People and other teams to work with them on an as-needed basis. This flexible event design recognizes that teams are at different stages and allows each team to craft its own agenda, to work together as a team, and to go at its own pace.

Model the process in order to widen the circle.
Teams must be able to widen the circle—to increase the number and the diversity of individuals involved in designing and implementing the teams' Action Plans both during and following the clinic. The same group processes and tools that help participants learn and work more effectively together at clinics can also be used by participants to promote shared learning and to garner support and involvement once they return home.

Play and art promote learning and productivity.
Adult learning theory suggests that the desires to play and learn in adults are both powerful and linked. Too often conferences and meetings separate these desires. The clinic approach reunites creativity with work to reach those with a variety of learning styles, including individuals who learn best through visual means or through hands-on experience. Wall-sized colorful murals orient participants to the agenda. Skits familiarize participants with clinic processes and tools. Playful tools like the Dance Card get participants socializing while making appointments with one another.

There is enough expertise in the room to change the world.
Attitudes toward participants and ourselves influence conference design. If we believe that we collectively have all the wisdom and talent we need to achieve our objectives, then our design will emphasize the removal of barriers that separate us from one another and from our own sources of know-how and creativity. A participant-driven clinic design allows participants to discover and apply their own and one another's expertise and talents and awakens the knowledge of our immense collective power and capabilities.

Event design is itself a collective, community building process.

The planning process is as important to building a shared learning community as the event itself. The more we model participant-driven principles when designing a conference-type event, the more our clinic will succeed at being truly participant-driven. Adopting a participant-driven approach to planning involves including participants on the planning committee, drawing on each clinic planner's unique expertise, and relying on participant input throughout the design process.

"The ongoing "sharing" promoted during this clinic helped me to realize I have a lot to give that others are not only interested in but could use in their programs." Anonymous Participant, 1998 National Leadership Clinic, San Diego

LEADERSHIP CLINIC CHARACTERISTICS

A clinic's three-fold purpose is to provide opportunities for networking, professional development and action planning.

The three-fold purpose of a clinic is to provide networks of individuals and teams with opportunities to: 1. network and build relationships; 2. get professional development aimed at building skills and knowledge; and 3. develop action plans. Each purpose reinforces the other two. For example, the Action Plans teams produce at the clinic are strengthened by skill-building workshops and by idea sharing and problem solving among participants.

Large and small group processes are interwoven throughout each clinic.

Participants benefit from opportunities to interact with one another in a variety of ways, including one-on-one with other individuals, in teams during Team Planning Sessions, in multi-team sessions, and as a whole group. Alternating between small and large group sessions enables participants more effectively to grapple with, synthesize and reflect on ideas and information from one session to the next, and ultimately to tap into the needs, expertise and power of the whole group.

A clinic is designed primarily to serve teams of participants.

Because teams provide participants with a forum to discuss and apply ideas, attending a conference as member of a team rather than an individual magnifies learning. Team participation also results in greater commitment to action following the event. Individuals are responsible to their teams, and teams advance in profound ways when given a supportive environment away from everyday workplaces to work together. The clinic's team-based design centers on Team Planning Sessions—regular opportunities throughout the clinic for each team to work together to create and revise its Action Plan, debrief from and prepare for other clinic sessions, and meet as needed with Resource People or other teams. All other small and large group processes and tools at the clinic are the fuel that powers teamwork during Team Planning Sessions.

Each team that participates in a clinic produces and commits to implementing its own Action Plan.

Team Action Plans are central to sustaining clinic momentum. Each team works on one to six goals during the clinic and generates an Action Plan—the "end product" the team returns home with following the clinic that assigns responsibility and guides team efforts in the months and years ahead. Team Planning Sessions scheduled regularly throughout the clinic provide teams with the time and on-hand resources to develop these Action Plans. All other small and large group processes and tools at the clinic are intended to equip teams with ideas, skills and knowledge to help them complete their Action Plans.

No two teams experience the clinic alike.

Because clinic design is based on the principle that teams learn and work best when given opportunity, resources and tools to chart their own paths, teams can tailor each day's agenda to their own needs. Teams create their own agendas, for example, when they make decisions about how to use Team Planning Sessions, whom to make Dance Card appointments with, what topics to propose and discuss in Affinity Groups, and what issues to work on during Heads Together. This flexible event design recognizes that teams are at different stages and allows each team to craft its own agenda, work as a team and go at its own pace.

No two clinics are alike.

Clinic design is flexible. Because each clinic's participants, planning committee and planning process are unique, each clinic is a fresh opportunity to refine small and large group processes and tools and to create new ones. Clinic planners can tailor the clinic design to their event's unique situation and capitalize on the lessons learned and the experiences of prior clinics.

EVOLUTION OF LEADERSHIP CLINIC IDEAS

1996

1997

1996 NATIONAL LEADERSHIP CLINIC (TOMAHAWK)

Treehaven Field Station
Tomahawk, Wisconsin
April 30-May 5, 1996
110 participants
3-6 member teams from nine states
and 32 individual representatives from
NAAEE state and provincial affiliates

Ideas that shaped the 1996 National Leadership Clinic (Tomahawk):

◈ A small-scale strategic conference of key stakeholders at the state and national levels is needed to advance environmental education.

◈ Many people in the United States and Canada are building state and provincial organizations and networks to strengthen the field of environmental education. We have a lot to learn from one another.

◈ The participants of the clinic should be involved in planning and presenting at the clinic.

◈ The program for the clinic should address three areas of need for environmental education capacity building: networking, professional development and action planning.

◈ Participants can learn and accomplish more if they attend as members of state or provincial teams rather than as individuals.

◈ Participants should be provided with a variety of formal and informal settings for networking, professional development and planning.

1997 NATIONAL LEADERSHIP CLINIC (POTOSI)

YMCA of the Ozarks
Potosi, Missouri
March 14-19, 1997
135 participants
4-6 member teams from 23 states and provinces

Ideas that shaped the 1997 National Leadership Clinic (Potosi):

◈ Teams of three or larger can accomplish more than single representatives or two-person teams.

◈ Each clinic should take place in a different state to provide opportunity for the host state's team to educate other clinic participants about its environmental education efforts and to enable additional participants from the host state to attend.

◈ Having participants identify and rate potential Professional Development Workshop topics enables clinic planners to better suit clinic sessions to participants' interests.

◈ A large wall display of teams' goals and achievements will enable teams to learn more about one another.

1998

1999

1998 NATIONAL LEADERSHIP CLINIC (SAN DIEGO)

Lafayette Hotel
San Diego, California
March 25-29, 1998
135 participants
3-8 member teams from 23 states,
provinces and Puerto Rico
35 Resource People and Facilitators

Ideas that shaped the 1998 National Leadership Clinic (San Diego):

◈ Participants can serve as resources to one another when given suitable small and large group processes and tools.

◈ Clinics should model participant-driven processes that participants can take home and use to recruit and involve other colleagues.

◈ Teams can direct their own learning and planning efforts when given sufficient time, comfortable workspace, and access to guidance, resources and facilitation on request.

◈ Alternating between small and large groups processes provides a variety of ways for individuals and teams to interact and taps into the expertise and power of the whole group.

◈ An individual responsible for overseeing the flow of the small and large group processes helps the event run smoothly.

◈ An on-site trial run through the agenda helps clinic planners identify potential glitches and ensure a smooth running clinic.

◈ Use of Open Space Technology helps address immediate concerns and needs that cut across teams.

◈ A skit to show participants about the large and small group processes and tools helps familiarize participants with the unique aspects of the clinic agenda.

1999 NATIONAL LEADERSHIP CLINIC (ALBUQUERQUE)

Sheraton Hotel
Albuquerque, New Mexico
April 13-17, 1999
130 participants
3-8 member teams from 23 teams states and
provinces
47 Resource People and Facilitators

Ideas that shaped the 1999 National Leadership Clinic (Albuquerque):

◈ Professional Development Workshop presenters need guidance to design workshops that reinforce the clinic's participatory design and directly relate to teams' planning efforts.

◈ Technology can help teams widen their circles by enabling team members not attending the clinic to participate from home.

◈ Field trips and free time in the agenda are key to helping participants process information and remain energetic.

◈ Teams need both a process and time in the agenda devoted solely to working directly with other teams.

◈ Matching teams and Facilitators in advance enables Facilitators to get acquainted with teams prior to the clinic and work more effectively with teams during the clinic. It also ensures there will be a sufficient number of Facilitators at the clinic.

EVOLUTION OF LEADERSHIP CLINIC IDEAS

1999

2000

1999 STATE LEADERSHIP CLINIC (ILLINOIS)

Eagle Creek Resort
Eagle Creek, Illinois
November 8-10, 1999
60 participants
10-member teams from the state's five regions
10 Resource People

Ideas that shaped the 1999 State Leadership Clinic (Illinois):

◈ The clinic approach is ideal for enabling regional teams within a state to network, learn and plan together.

◈ Special attention to the look of each individual clinic tells participants that this is a special event developed just for them.

◈ Special on-site touches such as tabletop arrangements add to the quality of participants' clinic experience.

2000 STATE LEADERSHIP CLINIC (WISCONSIN)

SentryWorld
Stevens Point, Wisconsin
July 13-15, 2000
35 participants
3-5 member teams from five
Wisconsin communities
19 Resource People

Ideas that shaped the Wisconsin Leadership Clinic:

◈ The clinic approach is ideal for enabling local community-based teams within a state to network, learn and plan together.

◈ Clinics can be effective with smaller numbers of people and can last as little as two days rather than three or four.

◈ Clinic design and tools can be easily adapted for use with smaller scale clinics.

2000

Iowa Team

Kansas Team

Missouri Team

Nebraska Team

2000 REGIONAL LEADERSHIP CLINIC (NEBRASKA)

Arbor Day Farm, Lied Conference Center
Nebraska City, Nebraska
July 26-28, 2000
104 participants
20-member teams each from Iowa,
Kansas, Missouri, and Nebraska
24 Resource People and Facilitators

Ideas that shaped the 2000 Regional Leadership Clinic (Nebraska):

❖ A four-state regional event enables fewer but larger, 20-person teams to participate.

❖ Splitting larger, 20-person teams into sub-teams for some Team Planning Sessions enables the teams to progress simultaneously on several goals and widens the circle.

HISTORICAL ROOTS OF LEADERSHIP CLINICS

A key defining event in the history of the field of environmental education was the creation of the 1977 Tblisi Declaration—an internationally agreed upon set of goals—and the impressive body of objectives, guidelines, materials, programs and research that followed.

Capacity building represents today's most significant trend in environmental education. The goal of capacity building for environmental education is to develop widespread environmental literacy by cultivating effective environmental education organizations and leaders to help integrate environmental education more fully into our education systems.

Several capacity building efforts got underway in the early 1990's to improve access to resources, quality control and organizational capacity for delivering environmental education programs, including:

◈ A consortium of twelve national organizations, the Environmental Education and Training Partnership (EETAP), was formed and funded by the U.S. Environmental Protection Agency.

◈ The National Wildlife Federation funded a nation-wide study of effective state and local environmental education programs that led to the creation of the National Environmental Education Advancement Project (NEEAP).

◈ State and provincial environmental education associations affiliated with the North American Association for Environmental Education (NAAEE) began meeting and mobilizing.

1990 was a particularly important year. The 20th anniversary of Earth Day inspired many initiatives, including legislation to require and fund environmental education in schools, teacher training programs, curriculum materials and more. This was also the year the second National Environmental Education Act was adopted, creating the Office of Environmental Education in the U.S. Environmental Protection Agency. The father of Earth Day, Senator Gaylord Nelson, toured the nation giving speeches, and at every stop he was asked how states and communities could strengthen their environmental education programs.

To help him respond to these questions, Senator Nelson looked to his home state of Wisconsin and to environmental educators based at the University of Wisconsin-Stevens Point. Wisconsin received a Renew America award in 1989 for its comprehensive environmental education program which included: a state environmental education center, a statewide environmental literacy assessment, a grants program, requirements that environmental education be included in K-12 instruction and pre-service teacher preparation, a curriculum development guide, a state advisory council, and environmental education specialists in the Department of Public Instruction and the Department of Natural Resources.

Educators and environmental and business leaders in other states wanted to know how they could develop and sustain a comprehensive environmental education program similar to those in Wisconsin and a few other states. Senator Nelson asked Dr. Richard Wilke, past-president of the NAAEE and the first Chair of the National Environmental Education Advisory Council for the U.S. Environmental Protection Agency, to respond to this interest. Dr. Wilke assembled leaders from a variety of national organizations and agencies to provide support to state-level environmental education leaders. Researcher Abby Ruskey was hired to find out which components and strategies resulted in effective state and local environmental education programs. In 1993 she and Dr. Wilke founded NEEAP in the College of Natural Resources at the University of Wisconsin-Stevens Point. NEEAP has since worked to serve the needs of environmental education leaders working to develop comprehensive environmental education programs at the state and local level.

NEEAP, NAAEE, and other partners launched the first national leadership clinic, funded by EETAP, in 1996. The clinic was one of several strategies to provide leadership and organizational training and support to state environmental education associations and coalitions working to develop and sustain comprehensive environmental education programs at the state and provincial level. The 600 individuals attending this and subsequent clinics continue to provide leadership for environmental education capacity building at the state and provincial level.

"The national leadership clinics have given California environmental education leaders time to think out problems and strategize solutions with trained facilitators, as well as share ideas with other environmental educators throughout the nation." Trish Brodderick and Jeff Hohensee, California Team Members, 1999 National Leadership Clinic, Albuquerque

LEADERSHIP CLINIC PARTNERS

A network of environmental education professionals and organizations active at the local, state, regional and national levels created the leadership clinic approach. Over 600 environmental educators have designed, staffed and participated in clinics since the first national leadership clinic was held in Tomahawk, Wisconsin in 1996. The following organizations have contributed funding, staff time and talent, and other resources to support leadership clinics:

National Environmental Education Advancement Project (NEEAP)

NEEAP, based in the College of Natural Resources at the University of Wisconsin-Stevens Point, promotes comprehensive environmental education programs at the state and local level. NEEAP works with local, state and national partners to build capacity for environmental education through leadership and organizational development. NEEAP has been the headquarters for many capacity building activities in the field of environmental education for close to 10 years. As the originator of the leadership clinic model, NEEAP continues to disseminate and provide technical support for clinics and other custom-designed environmental education capacity building tools and services. http://www.uwsp.edu/neeap/

North American Association for Environmental Education (NAAEE)

The world's largest association of environmental educators, NAAEE is a network of professionals and students working in the field of environmental education throughout North America and in over 55 countries. NAAEE has been NEEAP's lead partner in developing and implementing national leadership clinics. Affiliates of NAAEE are professional environmental education associations in over 50 states, territories, provinces and regions throughout North America. NAAEE Affiliates have regularly attended and guided the design of the clinics. http://naaee.org/

Environmental Education and Training Partnership (EETAP)

EETAP is a national consortium of 12 organizations working to increase the number of education professionals trained in environmental education. During 1995-2000, EETAP trained over 75,000 education professionals from all 50 states, the District of Columbia, Puerto Rico, Guam and other territories. NAAEE was the managing partner for EETAP during 1995-2000 and the University of Wisconsin-Stevens Point will be the managing partner during 2001-2005. EETAP is funded by the U.S. Environmental Protection Agency under Section 5 of the National Environmental Education Act of 1990. EETAP has provided major financial and planning support for all of the national leadership clinics. http://eetap.org/

United States Environmental Protection Agency (EPA)

The National Environmental Education Act of 1990 calls on the EPA to provide national leadership to increase environmental literacy. The Act also encourages partnerships and builds on the long-standing efforts of federal and state agencies, education institutions, nonprofit organizations and the private sector. EPA's Office of Environmental Education in Washington, DC, with support from EPA's 10 regional offices, develops programs and partnerships to implement the Act. As the funding agency for EETAP, the EPA has been the lead sponsor of leadership clinics at the national level. Staff members in EPA's Office of Environmental Education have provided planning and implementation support to national leadership clinics. Regional offices of the EPA have also supported regional and national leadership clinics. http://www.epa.gov/

CHAPTER 2: LEADERSHIP CLINIC DESIGN
participants, processes and tools

CLINICS ARE CUSTOM DESIGNED

[WHAT WILL YOURS LOOK LIKE?]

S E C T I O N S :

SUGGESTIONS FOR DESIGNING
A PARTICIPANT-DRIVEN CLINIC

PLUNGING INTO
PARTICIPANT-DRIVEN CHAOS

CLINICS ARE CUSTOM DESIGNED:
[WHAT WILL YOURS LOOK LIKE?]

"One doesn't discover new lands without consenting to lose sight of the shore for a very long time." Andre Gide

No two clinics are exactly alike. Each clinic's participants, planning committee and planning process are unique. Each clinic benefits from the lessons learned and the experiences of prior clinics. Each clinic is a fresh opportunity to create new small and large group processes and tools. Thus, this manual and its ideas are not prescriptions. You don't have to plan your clinic to look exactly like the clinics featured here. In fact, we recommend you don't! We do, however, suggest that you design your clinic in keeping with the principles of participant-driven conferences. Here are a few suggestions:

SUGGESTIONS FOR DESIGNING A PARTICIPANT-DRIVEN CLINIC

PRINCIPLE:
Event design is itself a collective, community building process.

INVOLVE PARTICIPANTS IN THE DESIGN PROCESS EARLY AND FREQUENTLY.

Involving participants in planning your clinic improves the event design and builds participant ownership and anticipation. Expect the agenda to be revised and re-revised multiple times as a result. Revision is both exciting and necessary if you want to incorporate input and elevate the quality of your agenda. Specific strategies to involve participants are:

◈ **Include participants on the planning committee.** Representatives of each type of clinic participant—including team members, Resource People and Facilitators—have served on our clinic planning committees. This enables the planning committee to tap into the wisdom, creativities and perspectives of different participant groups.

◈ **Survey participants early in the design process.** Since not all participants can be part of the clinic planning committee, survey them as early in the planning process as possible. Allow the survey results to drive the design of your agenda.

◈ **Invite participants to select and present workshops.** Invite individual and team participants, as well as Resource People and Facilitators, to submit workshop proposals. Ask participants to select their top picks from among the proposals submitted.

◈ **Build participant-driven elements into the clinic design itself.** Make sure participants have opportunities during the clinic to tailor each day's agenda to their own needs. For example, participants create their own agendas when they make decisions about how to use Team Planning Sessions, whom to make Dance Card appointments with, what topics to propose and discuss in Affinity Groups, and what issues to work on during Heads Together. These and other small and large group processes and tools are described later in this chapter.

MAKE TEAM PLANNING THE CENTRAL ACTIVITY OF YOUR CLINIC.

PRINCIPLE:
Self-managing teams can chart their own learning.

Clinic evaluation results have shown without fail that participants value most the time spent planning with their team. The opportunity to get away from their everyday workplaces to plan together in a supportive atmosphere helps teams advance in profound ways. Make sure your clinic design accommodates the fact that teams will be at different stages and will progress at different rates. Provide several opportunities throughout the clinic for each team to work together as a team without interruption.

"I particularly liked the way the agenda was structured, alternating large group sessions where teams could go gather information with Team Planning Sessions for teams to discuss that information and how it fit in with their clinic goals." Sue Bumpous, Texas Team Member, 1998 National Leadership Clinic, San Diego

PROVIDE OPPORTUNITIES FOR PARTICIPANTS TO INTERACT IN A VARIETY OF COMBINATIONS AND GROUP SIZES.

PRINCIPLE:
There is enough expertise in the room to change the world.

Making team planning the central activity does not mean eliminating multi-team or whole group activities. On the contrary, teams will want to learn from the other teams and Resource People at the clinic and will need processes to help them do that.

Allow an alternating flow between small and large groups sessions. Find ways to tap into the needs, expertise and power of the whole group, while also providing a variety of ways for individuals and teams to interact in small group settings. Give participants opportunities to interact one-on-one with other individuals, as part of a team during Team Planning Sessions, in multi-team sessions, and as a whole group.

CLINICS ARE CUSTOM DESIGNED

PRINCIPLE:
*Everyone has something
to give. Everyone has
something to gain.*

WEAVE THE NOTION THROUGHOUT YOUR CLINIC THAT EVERYONE IS BOTH AN EXPERT AND A LEARNER.

Blur boundaries between experts and learners throughout the clinic by allowing this idea to drive the design of your small and large group processes and tools. Reinforce the idea at every opportunity, including your clinic theme. We hit on a theme for the 1998 National Leadership Clinic (San Diego) during a conference call when one clinic planner exclaimed: "It's like everyone has something to give, and everyone has something to gain." That clinic's theme also became a principle on which we based the design of subsequent, participant-driven clinics.

Here are suggestions for weaving the theme and principle "Everyone has something to give. Everyone has something to gain" throughout a clinic design. Whether you adopt this phrase or create another that inspires your planning committee, design your clinic to enable all participants to be both experts and learners.

- ❖ **Successes & Conundrums:** Prior to the clinic, ask teams, Facilitators and Resource People to provide successes (what they can *give* to other clinic participants) and conundrums (what they want to *gain* from other clinic participants). This encourages all participants to arrive at the clinic with the expectation that they are both learners and experts.

- ❖ **Orientation:** Ask each participant to stand during Orientation, introduce herself and provide one word describing what she hopes to *give* to the clinic and one word describing what she hopes to *gain* from the clinic.

- ❖ **Share Fair:** Ask every Team and Resource Person to host a Share Fair table. Place a placard on each table that lists Successes & Conundrums for that team or Resource Person. This enables participants to identify others to learn from and to assist.

- ❖ **Dance Cards:** Print your clinic's theme at the top of each Dance Card. The Dance Cards embody the notion that everyone is both an expert and a learner; you'll find that a typical participant both requests appointments to get ideas as well as agrees to appointment requests from others who seek his expertise.

- ❖ **Heads Together:** Pair teams and allow them to both give and gain insights into the challenges each faces.

PRINCIPLE:
*Model the process
in order to widen
the circle.*

DESIGN SMALL AND LARGE GROUP PROCESSES TO SERVE A THREE-FOLD PURPOSE.

Think about designing each small or large group process to serve each of the following purposes:

1. **Improve participants' content-related skills and knowledge.**
   Use of small and large group processes does not have to be at the expense of acquiring new content-related competencies. Your participants likely will want to improve their skills and knowledge at your clinic.

2. **Enable participants to learn about and later replicate the process at home.**

    It is not enough to help teams develop Action Plans if they lack support from colleagues at home to implement the plans. Provide opportunities for participants to experience first-hand several processes and tools they can incorporate into events back home to help them expand both the number and the diversity of individuals involved in their efforts.

3. **Supply clinic planners with evaluation data.**

    Derive evaluation data from each process to help clinic planners identify improvements that are needed both during and following the event.

Here are a few examples to show how this three-fold design approach works:

PURPOSE	GROUP PROCESS OR TOOL			
	Open Space	**Daily Check-In**	**Team Progress Mural**	**Professional Development Workshops**
1. Improves Skills and Knowledge	Allows clinic attendees to pursue topics or issues of interest by creating the agenda on the spot.	Gives participants regular opportunities to ask questions and share successes and concerns.	Helps teams share ideas and information with one another.	Help participants develop specific professional skills, techniques or competencies and often result in "products" such as a fundraising proposal or press release.
2. Models a Process	Is a conference design strategy that several participants within our network have since become trained to facilitate and have used at home.	Is a facilitation tool that teams can and have subsequently used at their own meetings, workshops and conferences.	Is a small group report tool that participants can and have subsequently used at their own meetings, workshops and conferences.	Model the skills, techniques and strategies being addressed so that participants are led through rather than told about a process.
3. Supplies Evaluation Data	Results in notes that clinic planners can use following the clinic to identify areas of interest and need for future meetings and workshops.	Provides clinic planners with participant input into how well the clinic is progressing, often resulting in improvements during or following the event.	Enables clinic planners to assess how teams are progressing and whether changes in the agenda or team interventions such as facilitation are needed.	Result in ideas that can be elevated from use in a single workshop to use throughout the entire clinic.

CLINICS ARE CUSTOM DESIGNED

CREATE OPPORTUNITIES IN YOUR AGENDA TO CELEBRATE THROUGH PLAY AND ART.

Incorporating artistic elements and a sense of play are central to effective learning and productive work. Engage as many of the participants' five senses—taste, touch, smell, sight and sound—as you can. Good food, visual appeal and music, for example, can enhance your clinic's mood and productivity. Awaken the artist in yourself and find other playful and artistic individuals to help you create group processes, celebratory activities, and support materials that reflect a sense of fun as well as purpose.

We used the idea of "dancing," because of our use of the Dance Card, to inspire ourselves artistically and to infuse clinics with playfulness. You undoubtedly will discover your own sources of inspiration. Here are examples from past clinics:

◈ An artist volunteered her talents to create a Graphic Flow Agenda, a mural-size version of the agenda using lively, colorful graphics.

◈ A humorous skit with various props—hats, signs, music and a larger than life Dance Card draped like a sandwich board over one actor—was presented during Orientation to acquaint participants with clinic tools and resources.

◈ High energy dancing and a live band on the final evening ended each clinic in celebration.

PLUNGING INTO PARTICIPANT-DRIVEN CHAOS

Designing a participant-driven event is messy and chaotic. Not knowing what your creation will look like until it's finished can be both exciting and unnerving. But take heart; chaos is creativity's muse. So plunge into the chaos, as Margaret Wheatley suggests, and believe that "instead of shutting down chaos, we really need to work with it as a creative force. We should understand that it is part of the process by which life creates new levels of order and new levels of understanding."

You will find when planning your event that it begins to assume a life of its own long before the event actually takes place. People will join you on the chaotic path to lend their talents and creativity, and ideas will emerge to address problems that seemed insurmountable. Together you will discover that your journey toward a participant-driven event is itself a destination— one that is far better than you imagined.

PARTICIPANTS

[WHO WILL PARTICIPATE?]

S E C T I O N S :

TEAMS

RESOURCE PEOPLE

LEAD FACILITATOR

TEAM AND FLOATING FACILITATORS

TEAMS

Participating in a conference as a member of a team magnifies learning and promotes follow-up.

Do you scribble "to do" lists during conferences and then pocket and forget the list once you've returned home? Have you thought at conferences, "Oh, I wish so-and-so was here to see this!" Participating in a conference as a member of a team rather than an individual magnifies the learning that occurs during the event and results in greater commitment to action following the event.

WHAT ARE THE BENEFITS OF TEAM PARTICIPATION IN CLINICS?

Participation by teams as opposed to individuals is an important characteristic that distinguishes a clinic from a typical conference. Team-based participation has several benefits:

◈ **Teams provide opportunity for shared learning among individual team members.** Teams are a forum for team members to discuss, play with and apply ideas. An example is that team members can attend different Professional Development Workshops and then share with one another during a subsequent Team Planning Session the information gleaned from these workshops.

◈ **Teams are needed to create Action Plans.** Action Plans that teams create during the clinic are necessarily products of group rather than individual effort.

◈ **Team members are more likely to implement action steps following the clinic.** Follow-up is enhanced because individuals feel responsible to the group, and team members can keep one another accountable. Widening the circle of involvement following a clinic is easier and more effective when it is a team rather than an individual effort.

HOW ARE CLINICS DESIGNED TO SERVE TEAMS?

Because teams are the building blocks of clinic design, a clinic must be organized to meet the needs of team participants. Team Planning Sessions are central to a team-based event. These sessions provide teams with their own time for self-directed learning and self-organized planning. Teams work independently during this time to create and revise their Action Plans, debrief from and prepare for other clinic sessions, and meet as needed with Resource People or other team representatives. Facilitators are available to help teams use their Team Planning Sessions efficiently. All other small and large group processes and tools used at a clinic are essentially the fuel that powers the Team Planning Sessions.

"Our team met prior to the clinic to walk through the schedule, and it really paid off. We hit the ground running and used all of the tools." Michelle Kirk, Utah Team Member, 1998 National Leadership Clinic, San Diego

WHAT ARE INDIVIDUAL TEAM MEMBERS' ROLES?

We have found that defining roles for different team members to fill helps teams function more efficiently and get more out of a clinic. Roles we have identified for clinics include the following. What team member roles suit your clinic?

◈ **Team Liaison:** Serves as the point person for some clinic mailings and communications prior to, during and following the clinic. Coordinates team recruitment and ensures that the team submits an Organizational Biography, Successes & Conundrums and other information prior to the clinic. Attends Daily Check-ins and communicates the information to team members throughout the clinic.

◈ **Virtual Clinic Coordinator:** Serves as the point person for surveys and other communications from the clinic planning committee regarding the Electronic Virtual Clinic. Recruits and organizes the Virtual Team (individuals who don't attend the clinic but who participate electronically). Ensures that regular communication takes place throughout the clinic between team members attending the clinic and the Virtual Team.

◈ **Dance Card Point Person:** Coordinates the team's Master Dance Card to ensure that team members don't accidentally schedule two appointments with Resource People or other clinic participants at the same time.

◈ **Recorder:** Records and posts the Team Progress Worksheets on the Team Progress Mural.

WHAT IS THE IDEAL TEAM SIZE?

Teams with five to seven members are ideal, although we have worked successfully with small teams of three and large teams of twenty. Teams at national clinics typically have ranged in size from three to eight members, and an average of 23 teams have attended. We found that having teams with more than two members increases diversity and post-clinic follow-up. Three-member teams are a bare minimum, and when possible, we recommend increased team size. For example, the team in whose state the national clinic took place was allowed to send up to eight members because their travel costs were lower. We have also made exceptions for teams originating from states with large, diverse populations. Your clinic planning committee will want to determine any parameters, such as dollar or number limitations, prior to the team selection and registration process.

"Our Texas team returned with all major goals and specific assignments met. Our team has really come together, focused on a shared purpose, and [is] more confident of success." Richard C. Bartlett, Texas Team Member, 1998 National Leadership Clinic, San Diego

TIPS

✓ Remember the clinic design is influenced by how well team members already know one another. For example, if teams have formed just prior to the clinic and team members don't know one another well, you might include a team building activity during Orientation. Expect newly formed teams to need more time during Team Planning Sessions to become better acquainted.

✓ Encourage teams to meet prior to the clinic to get to know one another, clarify team goals for the clinic, and develop a game plan.

✓ Make sure teams and individual team members understand the degree of commitment expected before, during and after the clinic.

ASK YOURSELF

? What kind of teams and team composition makes most sense for our clinic?

? How will we recruit and select teams?

? What team roles would help teams navigate our clinic more effectively and efficiently?

? How well do team members know one another already? How does this affect clinic design?

CLINIC SNAPSHOT

20-Member Teams Exceed Expectations
2000 Regional Leadership Clinic (Nebraska)

Clinic planners believed larger 20-member teams from each of the four participating states—Iowa, Kansas, Missouri, Nebraska—would enable states to make more progress during the clinic and create within each state a critical mass of individuals committed to action. Since no clinic to date had featured teams this large, clinic planners had to experiment. How would the teams be recruited? How would such large teams work together to develop Action Plans? How would Team Planning Sessions for 20-member teams differ from three to eight member teams?

Clinic planners asked each state to design its own team member recruitment process. At the clinic, the 20-member teams used the first Team Planning Session to finalize 3-5 goals. Teams then divided to work in subteams, one per goal, for the next two Team Planning Sessions. All 20 team members met again for the final Team Planning Session to revise and unite subteam Action Plans into one statewide plan. How did 20-member teams work out? "Excellent," said one participant. "The subteams had several perspectives that helped us see the whole picture." The teams "Worked well and exceeded my expectations," said another.

A Nebraska subteam consults with Resource Person, Mike Way, during a Team Planning Session at the 2000 Regional Leadership Clinic (Nebraska).

RESOURCE PEOPLE

Resource People provide content, skills and perspectives to teams.

Resource People are crucial to the success of clinics, and the greater the opportunities for them to interact with participants, the more they are valued. Typically, Resource People present Professional Development Workshops or plenary sessions. However, teams also need to work directly with Resource People outside of these sessions. As clinic design evolved from one clinic to the next, we expanded the role of Resource People and increased the opportunities for Resource People and teams to meet together one-on-one.

"I liked that we were allowed to make individual appointments with Resource People to work one-on-one with our team and our specific goals, rather than just hearing from the Resource People in a large group session." Sue Bumpous, Texas Team Member, 1998 Leadership Clinic, San Diego

BEFORE THE CLINIC: CONTACTING RESOURCE PEOPLE

- ❖ Survey a wide range of potential Resource People as to what knowledge, skills and resources they can offer teams.

- ❖ Confirm Resource People by mailing a letter that clearly outlines their role at the clinic and indicates any necessary preparations. Ask Resource People to complete the Resource Person Role Checklist.

- ❖ Send teams' needs and teams' Personal and Organizational Biographies to Resource People.

AT THE CLINIC: RESOURCE PEOPLE ROLES

The primary roles of Resource People at the clinic are to lead Professional Development Workshops and meet one-on-one with teams. Teams solicit one-on-one appointments with Resource People using their Dance Cards. At past clinics, Resource People consulted with teams in a variety of skill and content areas, such as facilitation, strategic planning, organization

development, diversity and multiculturalism, information technology, and fundraising. As teams have developed expertise, there has been a tendency for individual team members to serve also as Resource People.

Additional Resource People responsibilities include:

◈ Attending the Clinic Rehearsal.

◈ Attending Daily Check-ins.

◈ Participating in the Share Fair by hosting an information table as well as visiting team tables to note team conundrums they can help with.

◈ Assisting as needed with Open Space, Heads Together, and other clinic activities as recorders or observers.

"We had been struggling with a few issues for over a year. The Resource People who worked with us helped us solve those problems quickly. There was nothing magical about this; it was partly just having someone who could pull the solution out of us by making us rethink the issue in a new way." Sue McGuire, New Mexico Team Member, 1998 National Leadership Clinic, San Diego

TIPS

✓ Contact Resource People well in advance of the clinic. Make a follow-up phone call to confirm that the clinic is on their calendar.

✓ Some Resource People will be free and unscheduled during Team Planning Sessions. Consider asking these people to serve as "hunters and gatherers" who sit in on Team Planning Sessions and report back to the Lead Facilitator, Clinic Coordinator, or the whole group about what they see happening with teams at the clinic.

✓ Emphasize to teams and Resource People the importance of reading others' Personal Biographies and other pre-clinic information to better predict with whom they might want to "schedule a dance."

✓ Consider making a matrix that helps teams easily identify Resource People's skill and content areas. The Successes & Conundrums list can also serve this purpose.

✓ Consider having two or three Resource People with the same expertise when you anticipate that the expertise will be in high demand. Do what you can to have Resource People in high demand attend the entire clinic.

✓ There is a great deal of expertise in teams. Encourage teams to use each other as "experts" and sign up on one another's Dance Cards.

Resource Person Lori Nixon, then a reporter with KPHO TV-Phoenix, gives the Kansas team pointers on communication and media relations at the 1999 National Leadership Clinic (Albuquerque).

ASK YOURSELF

? Are the "right" Resource People coming? Is there a good fit between Resource People's skills and team needs? Do Resource People represent a variety of groups, such as government agencies, nongovernmental organizations, the business community, individual consultants?

? Is the number of Resource People sufficient for the number of participants?

? Based on team needs, can we predict which Resource People will be in high demand?

? How will we deal with Resource People who attend the clinic for a short time?

? Is there a way to draw out "hidden" skills that Resource People may have?

? How will the planning group debrief the clinic from the Resource People's perspective?

? Will Resource People be compensated in any way? By whom?

APPENDICES

Resource Person Role Checklist (1999 National Leadership Clinic, Albuquerque)

LEAD FACILITATOR

A Lead Facilitator responsible for overseeing the flow of the small and large group processes helps the event run smoothly.

Who's in charge? The Lead Facilitator works closely with clinic planners and Facilitators to ensure that clinic processes and tools meet participants' needs and run smoothly. The Lead Facilitator co-leads whole group meetings and is a communication link between participants and clinic planners. Additionally, the Lead Facilitator recruits, trains and organizes the efforts of the clinic's Team and Floating Facilitators.

The Lead Facilitator's role is to keep an eye on the big picture and the flow of clinic processes. Having a Lead Facilitator frees other clinic planners, including the Clinic Coordinator if you have one, to focus on their many responsibilities, including any problems and issues that emerge during the event.

WHAT ARE THE LEAD FACILITATOR'S RESPONSIBILITIES?

The Lead Facilitator role is complex, involving many potential tasks. Which of these are relevant to your clinic?

AHEAD OF TIME: PREPARING FOR THE CLINIC

◈ Helps the planning committee design the agenda, paying special attention to how participants might experience clinic elements and processes.

◈ Contacts and recruits Facilitators, surveys their levels and areas of expertise, and clarifies the Facilitator role with them.

◈ Plans the Facilitator Training for all Team and Floating Facilitators.

◈ Reviews and critiques clinic mailings or printed materials.

◈ Contacts Resource People about their clinic role(s).

◈ Surveys teams about their facilitation needs and matches them with a Team Facilitator when requested.

ON SITE: FACILITATING DURING THE CLINIC

Lead Facilitator, Marcia Wiley, during Whole Group Orientation at the 1999 National Leadership Clinic (Albuquerque).

❖ Leads the Facilitator Training.

❖ Runs the Clinic Rehearsal together with the Clinic Coordinator.

❖ Helps with the Whole Group Orientation and Team Liaison Orientation.

❖ Leads Daily Check-ins for Team Liaisons, Facilitators and Resource People.

❖ Monitors how teams are progressing by reading the Team Progress Mural and sitting in on Team Planning Sessions.

❖ Helps with the Whole Group Closing and evaluation activities, including the Plus-Minus-Change Chart.

❖ Keeps an "ear to the ground" as to how the clinic experience is going for participants.

❖ Helps solve problems as needed.

TIPS

✓ Keep in mind that this is a multifaceted role, involving much more than many traditional conferencing duties. Select someone with excellent organizational, problem-solving and communication skills. You will want your Lead Facilitator to be energetic, unflappable, flexible and good humored.

✓ Select your Lead Facilitator early so that she can be involved in clinic design from the start.

ASK YOURSELF

? Do we need a Lead Facilitator? What needs does our clinic have that a Lead Facilitator could address?

? Who will this person be? Does he have significant experience as a facilitator and organizing conferences or workshops? Is he comfortable speaking to large groups and being a point person?

? How will we fund the position?

? How will the Lead Facilitator get feedback about participants' experiences at the clinic?

TEAM AND FLOATING FACILITATORS

"Rather than focusing on things and time, focus on preserving and enhancing relationships and on accomplishing results." Stephen R. Covey

Facilitators provide skills and support to help teams maximize their time and accomplishments at the clinic.

Each clinic builds on successes and lessons learned from previous clinics. Ten "Floating" Facilitators assisted teams during Team Planning Sessions on an as-needed basis at the 1998 National Leadership Clinic (San Diego). Teams that used the Floating Facilitators reported staying on track and emerging with a clearer set of action items than they might have otherwise. Teams that were initially reluctant to request a Facilitator often ended up using one for all of their Team Planning Sessions!

Because of participants' enthusiasm about the facilitation assistance they received at the 1998 National Leadership Clinic (San Diego), clinic planners decided for the next clinic to match teams and Facilitators in advance. This enabled Facilitators to contact and get to know teams prior to the clinic and helped clinic planners arrange for a sufficient number of Facilitators.

Thus, teams preparing to attend the 1999 National Leadership Clinic (Albuquerque) were surveyed about their facilitation needs in advance of the clinic. Twelve of 23 teams indicated they wanted a Facilitator to help brainstorm, prioritize goals and objectives, and analyze internal and external factors affecting their organizations. Some teams also wanted to work with a Facilitator to pick up facilitation tips. As a result, twelve "Team" Facilitators worked regularly with their assigned teams throughout the clinic, while additional "Floating" Facilitators were available on an as-needed basis for teams who hadn't previously requested a facilitator but later discovered a need for one.

CONTACTING AND SURVEYING POTENTIAL FACILITATORS

The first step in securing facilitators is to have the planning committee identify potential Facilitators who are well-trained, experienced and have a good reputation. Each person identified is sent an invitation letter that outlines the Facilitator role and includes a survey

asking prospective Facilitators about their experience and skill levels. The letter is followed by a phone call from the Lead Facilitator to confirm their participation and further discuss their role at the clinic.

MATCHING TEAMS AND FACILITATORS

The Lead Facilitator matches teams with Facilitators based on the teams' needs and the Facilitators' strengths and skills. Teams with many needs are assigned to the most experienced Facilitators. Facilitators read their teams' Personal and Organizational Biographies and contact their assigned teams in advance to learn more about the teams and the teams' clinic goals.

"It was great to have a Team Facilitator. By spending the better part of the week with us, our Team Facilitator was able to learn enough about our team to offer great insights and advice to help us move towards our goals." Jeff Ledermann, Minnesota Team Member, 1999 National Leadership Clinic, Albuquerque

Libby McCann facilitates a state team during a Team Planning Session at the 1999 National Leadership Clinic (Albuquerque).

FACILITATOR ROLES AT THE CLINIC

Facilitators are some of the busiest people at clinics. They attend the pre-clinic Facilitator Training and the Clinic Rehearsal, assist teams during Team Planning Sessions, and attend Daily Check-ins. They might also help with other sessions, like Heads Together and Open Space. Clarify Facilitator roles and responsibilities at the clinic by preparing a Facilitator Role Checklist.

TIPS

✓ Provide Facilitators with a Facilitator Role Checklist to clarify their roles and responsibilities in advance of the clinic.

✓ Have facilitators meet with their assigned teams during the Team Liaison Orientation to discuss their clinic game plan.

✓ Survey teams in advance to identify which want Facilitators and why. If you are unable to survey teams, arrange for a large pool of Floating Facilitators at the clinic. Post photos of Facilitators in a central place so that people know who they are. Have a mechanism such as Dance Cards for teams to request and schedule Floating Facilitators.

✓ Even if you decide to assign Team Facilitators, have a few back-up Floating Facilitators on hand to help if the need arises.

✓ Keep in mind that not all teams need or want Facilitators. Some teams may not recognize that a Facilitator could help them. Be sensitive when suggesting that one could.

✓ Let Facilitators know that they can also serve as liaisons between teams and Resource People by being aware of Resource People's skills and suggesting them to teams.

✓ Hold a meeting with Facilitators at the end of the clinic to debrief their role and get suggestions for future improvements.

"I'm really glad Facilitators were available. Even if they weren't used, they were a back-up safety net, so we never felt we were on a tightrope operating without a net. They really helped us get focused and on task. Great group of dedicated folks. A must for future clinics." Anonymous Team Member, 1999 National Leadership Clinic, Albuquerque

ASK YOURSELF

? Do assigned Team or Floating Facilitators, or both, serve our clinic best?

? Do we have a few people who can serve as back-up Floating Facilitators in case a team needs some on-the-spot facilitation?

? What motivates our Facilitators to come to the clinic? Can we compensate them by paying or honoring them in some way?

APPENDICES

Facilitator Role Checklist (2000 Regional Leadership Clinic, Nebraska)

ADDITIONAL RESOURCES

Hart, Lois. *Faultless Facilitation*. Amherst, MA: Human Resource Development Press, 1996.
Tel: (800) 822-2801. ISBN: 0-87425-402-7

Kearny, Lynn. *The Facilitator Toolkit*. Amherst, MA: Human Resource Development Press, 1995.
Tel: (800) 822-2801. ISBN: 0-87425-268-7

GROUP PROCESSES

[HOW WILL PARTICIPANTS ENGAGE IN SHARED LEARNING?]

SECTIONS:

FACILITATOR TRAINING

CLINIC REHEARSAL

WHOLE GROUP ORIENTATION

TEAM LIAISON ORIENTATION

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WHOLE GROUP CLOSING

FACILITATOR TRAINING

The Facilitator Training orients and prepares facilitators to work with teams.

It is a good idea to have Facilitators meet for a pre-clinic Facilitator Training to brush up on facilitation skills in addition to attending the Clinic Rehearsal. The Facilitator Training lasts a minimum of three hours and is planned and led by the Lead Facilitator. The Training is an opportunity to:

◈ Review the Facilitator Role Checklist and make sure everyone is "on the same page."

◈ Have Facilitators learn more about each other's areas of expertise.

◈ Review the clinic agenda and identify times when Facilitators may be needed.

◈ Provide "brush-up" facilitation skills and tips.

◈ Role play anticipated facilitation scenarios.

◈ Address questions or concerns.

WHAT HAPPENS AT THE FACILITATOR TRAINING?

Each Facilitator Training is unique and is designed around Facilitator and team needs identified ahead of time by the Lead Facilitator through a pre-clinic survey. The first half of the Facilitator Training at the 1998 National Leadership Clinic (San Diego) was organized around guiding questions to clarify the facilitator role:

◈ Who are we?

◈ Why are we here?

◈ What is the role of Facilitators at the clinic?

◈ What do we know about team needs?

◈ What don't we know?

Participants were divided into small groups of 3-4 people during the second half of the Facilitator training. Each group was asked to role play three scenarios for approximately twenty minutes each, followed by ten minutes of debriefing. Each group member had a chance

to facilitate. Role-playing is highly valuable because it helps Facilitators imagine and practice how they will respond when working with teams at the clinic. Prepared scenarios included: setting a team up for success, keeping a team on track, helping a team define and analyze a problem, developing evaluation criteria, developing an Action Plan, evaluating alternatives, and dealing with difficult behaviors.

More detailed information was known about team needs at the 1999 National Leadership Clinic (Albuquerque) and several Facilitators had experienced previous clinics. Thus, the bulk of the Facilitator Training in 1999 involved role-plays of actual team facilitation needs and learning more about team dynamics. Each small group worked on two actual scenarios. The following true scenario allowed Facilitators to practice helping a team prioritize its goals and objectives:

FACILITATION SCENARIO

Task: As a Facilitator, you will help team members from the Environmental Education Association of Oregon (EEAO) prioritize which goals they will focus on at the clinic.

Scenario: The EEAO is dedicated to creating an environmentally literate society by providing information and educational support services to individuals who share concern for the quality of natural systems and how humans interact with them. EEAO is led by a Board of Directors that carries out the day-to-day operations of the organization. The association recently created a Strategic Plan that it hopes to focus on at the Leadership Clinic. Goals of the plan are to:

- Create a strong and accessible organizational structure.
- Increase the effectiveness of communication among members and partners.
- Increase its membership base.
- Increase public awareness of EEAO and recognition of its role statewide.
- Create a self-sustaining funding base to support EEAO's operations.
- Provide leadership in coordinating statewide EE efforts through meaningful activities.
- Provide financial and programmatic support for EE statewide.

TIPS

✓ A few weeks before the Training, send Facilitators a letter that contains a Facilitator Role Checklist, a packet of facilitation readings, and information about team needs. Facilitators are expected to bring any questions raised by these materials to the Training.

✓ Allow a reasonable amount of time for the Training. A minimum of three hours is suggested.

✓ Survey Facilitators in advance so that you can design a Training that meets their needs and is appropriate to their skill level.

✓ Allow ample time for questions, answers and debriefing the role-plays.

✓ Design role-plays around actual issues teams have indicated they want to work on at the clinic.

✓ Review the Facilitator Role Checklist during the Training to clarify their roles and responsibilities.

✓ Consider making a "cheat sheet" of facilitation tips for Facilitators to refer to.

ASK YOURSELF

? Is the room big enough for several groups to do role-plays?

? Can all Facilitators attend?

? How will we divide Facilitators into small groups for the role-plays?

APPENDICES

Facilitator Role Checklist (2000 Regional Leadership Clinic, Nebraska)

ADDITIONAL RESOURCES

Hart, Lois. *Faultless Facilitation*. Amherst, MA: Human Resource Development Press, 1996.
Tel: (800) 822-2801. ISBN: 0-87425-402-7

Kearny, Lynn. *The Facilitator Toolkit*. Amherst, MA: Human Resource Development Press, 1995.
Tel: (800) 822-2801. ISBN: 0-87425-268-7

CLINIC REHEARSAL

"For decades great athletic teams have harbored one simple secret that only a few select business teams have discovered, and it is this: To play and win together, you must practice together." Lewis Edwards

Rehearsing the clinic helps clinic planners and other participants with key roles imagine and refine the flow of the event.

The Clinic Rehearsal is a physical and mental "walk-through" of the clinic for Resource People, Facilitators and clinic planners. Clinics are complex performances, with many unique processes and tools and a wide array of participants. A Clinic Rehearsal is a simple but crucial trial run that helps you imagine the flow of the clinic, identify potential glitches and ensure a smooth running clinic. It is time well spent!

"The Clinic Rehearsal was great! It got everyone on the same page and helped me put faces and personalities with voices. It defined the clinic planners, who had developed the clinic long distance, as a team and helped work out the kinks." Tim Brown, 1998 National Leadership Clinic, San Diego

WHEN DOES THE CLINIC REHEARSAL TAKE PLACE?

The Rehearsal takes place the day before the actual clinic, or in the case of a clinic that begins in the evening, that morning. Allow one hour per day of the clinic for the Rehearsal. Provide breaks and snacks to boost everyone's energy during this high speed rehearsal of the clinic.

WHO SHOULD ATTEND THE CLINIC REHEARSAL?

Anyone who has a key role should attend the Clinic Rehearsal, including Resource People, Facilitators and clinic planners. The hotel staff should also attend to answer facility questions and respond to suggestions. Keep in mind that hotels and conference centers are unfamiliar with non-traditional conferences; the Rehearsal helps them understand what is unique about a clinic.

WHAT HAPPENS AT THE CLINIC REHEARSAL?

The Lead Facilitator or Clinic Coordinator organizes and leads the Rehearsal. Each Rehearsal participant receives a Rehearsal Schedule (a clinic agenda condensed to the time allotted for the Rehearsal) and the Tools Pack, which includes the actual clinic agenda, Site Map and other tools. The Lead Facilitator moves the Rehearsal along on time, keeps the group active and makes sure all participants are part of the discussion. Keep in mind this may be a large group.

The Rehearsal begins with introductions, a team building exercise, an overview of clinic goals and objectives, and a brief discussion of how to get the most out of the Rehearsal. This is the clinic planners' chance to share their vision of the clinic, highlight creative or unique details, and ask for feedback on last minute concerns.

Facilitator Gary Cook teams up with Resource People Mary Rice and Libby McCann to participate in a team building exercise during Clinic Rehearsal at the 1999 National Leadership Clinic (Albuquerque).

The group then literally walks through the agenda, moving from one room to the next in chronological sequence. In each room where an activity takes place, the primary person(s) responsible for that activity explains "what it is" and "why we are doing it." Rehearsal participants point out trouble spots and ask clarifying questions: "Have you thought of….?" or "What do participants need to know about this event?" Concerns might include whether additional signs are needed to guide people in and out of a room, whether a room is large enough to accommodate all expected participants, or whether the lighting is adequate. The group also identifies information that the Lead Facilitator should provide participants at different times during the clinic.

TIPS

✓ Allow plenty of time for the Rehearsal so you are not rushed. Plan at least one hour of Rehearsal per day of the clinic.

✓ Build in a few additional hours after the Rehearsal and before participants arrive to give you time to make any needed changes to the program or site. You don't want to be running around crazily making changes while your participants are arriving (trust us)!

Alert those who need to be at the Rehearsal well in advance of making travel plans. Let them know the purpose and timing of the Rehearsal, as well as their role. Ask planning committee members assigned to logistics to confirm that travel arrangements will get Rehearsal participants to this meeting on time.

Include a team building exercise at the Rehearsal to help people get acquainted and to promote a shared understanding of the clinic purpose. In all likelihood, this will be the first time Resource People and Facilitators meet.

Assign a timekeeper to help the Lead Facilitator or Clinic Coordinator keep the Rehearsal moving along on time.

Plan time for a break with snacks.

ASK YOURSELF

Are we open to the idea of making changes to the program or clinic elements at the last minute if things don't make sense, or are we of the mindset that the "show must go on?"

Have we invited everyone who needs to attend the Rehearsal? Can clinic site (hotel, camp, or other conference facility) staff be present for the entire Rehearsal or a portion of it?

Have we allowed enough time for the Rehearsal? Have we allowed for a time buffer between the Rehearsal and the start of the clinic? What happens if we run over time?

WHOLE GROUP ORIENTATION

Orientation is your clinic's entranceway. It draws participants into the spirit of the clinic, deepens their understanding and leaves them anticipating more.

The entranceway to a building is both informative and artistic. It tells you where to enter so you aren't wandering in search of a door, and it reveals the building's character. Your Orientation should be informative and artistic as well. It should inform participants about the event and express the events' mood and culture.

The Orientation needs to mirror the uniqueness of your clinic. Its purpose is threefold: to welcome participants; familiarize them with the agenda and tools; and allow them to get swept up in the spirit of your clinic. You want the Orientation to be interactive, informative and enjoyable in order to ease participants' anxieties as well as fuel their excitement.

Your Orientation will need to familiarize everyone with the clinic's small and large group processes and tools since most participants are unfamiliar with these. We realized in planning national clinics that *telling* people about the large and small group processes and tools would be ineffective. The clinic was very different from participants' previous conference experiences, and we had complex information to convey in a short amount of time. So we decided to *show* participants what to expect in both interactive and entertaining ways.

WHAT HAPPENS AT ORIENTATION?

While your Orientation undoubtedly will be different, below is a Sample Orientation Agenda for the 1998 National Leadership Clinic (San Diego) to help you get started.

◈ **Welcome and Introductions**
   <u>Introductions</u>: Each individual stood, introduced himself and provided one word describing what he hoped to "give" to the clinic and one word describing what he hoped to "gain" from the clinic. The Lead Facilitator modeled this by introducing herself first so participants understood the process.

❖ **Understanding the Overall Clinic Design**

Agenda Review: Clinic planners posted a large colorful Graphic Flow Agenda on the wall in the main room prior to registration. One clinic planner described briefly the clinic's unique approach and then pointed to each agenda item on the wall-mounted Graphic Flow Agenda while other clinic planners described, in two to three sentences, the agenda item for which each was responsible.

❖ **Understanding New Processes and Tools**

Skit: A skit was presented to explain the use of the Dance Card, Share Fair, Team Progress Mural and Team Planning Sessions as well as the roles of team members, Resource People and Facilitators. Resource People and Facilitators were asked to fill skit roles and practiced during the Clinic Rehearsal. Props included a sandwich sideboard, hats and music.

❖ **Unpack the Pack**

A clinic planner led participants through the Unpack the Pack activity in which she asked participants to search their Tools Pack for various clinic tools and materials. Each item was explained, and participants locating items first were awarded small prizes.

Resource People and Facilitators (left to right) Marcia Wiley, Michelle Kirk, Tracie Beasley, Christy Turnbull, and Robert Olson perform

a skit at Orientation to illustrate the different roles of clinic participants at the 1999 National Leadership Clinic (Albuquerque).

WHAT IS THE ROOM SETUP?

It is recommended that team participants sit at round tables with their teammates. Additional tables will be needed for Resource People, Facilitators and other non-team participants. Arrange chairs crescent-style at each table so that no one is seated with his back to the front of the room.

TIPS

✓ Clarify the purpose and objectives of your Orientation and then design it to accomplish that purpose and those objectives.

✓ To the extent possible, make the Orientation brief (1 to 1 1/2 hours) and high energy. Keep in mind participants may be tired from traveling.

✓ Involve a variety of people in delivering the Orientation. Up to 20 individuals can play roles in delivering the Orientation, exemplifying the teamwork involved in organizing the clinic and enlivening the Orientation.

✓ Design your Orientation to be as interactive as possible. Get participants moving about and talking with one another throughout the Orientation to keep them alert and able to remember more.

✓ Consider entertaining ways to show participants how the clinic's small and large group processes will work. Reinforce this by including both a Narrative and Graphic Flow Agenda in the Tools Pack.

✓ Identify interactive ways, such as the Unpack the Pack activity, to familiarize participants with clinic tools and materials.

✓ Demonstrate early on that teams are central to the design and the success of the clinic by allotting time for team members to meet with one another during or immediately following Orientation. This is made easier if teams are already seated together during Orientation.

✓ Provide several opportunities during and/or following the Orientation for individuals and teams to ask questions and get further clarification. You might, for example, hold a Team Liaison Orientation immediately after or ask teams to prepare questions for their Team Liaison to ask during the first Daily Check-in.

✓ Consider including a team building activity in the Orientation that helps team members get to know one another better and that serves as a warm-up for the dynamic group processes awaiting them in the days ahead.

The Beast, a team building activity, was used during Orientation at the 1996 National Leadership Clinic (Tomahawk) to emphasize the importance of good communication skills.

ASK YOURSELF

? What purpose(s) and objectives will our Orientation serve?

? How will we communicate the theme and the uniqueness of our clinic?

? How will participants become more familiar and comfortable with the clinic's small and large group processes and tools? How will we model these processes and tools and reinforce this with high quality agenda materials?

? How will we help participants become more comfortable with one another?

? How well do team members within each team know one another? What team building activity will enhance team functioning?

? How many participants' senses (sight, smell, sound, touch, taste) will be engaged and how?

? What portion of time during the Orientation will participants spend listening to someone versus interacting with one another?

APPENDICES

The Beast: A Team Building Activity (from *Camp Edwards YMCA of Redlands, California*)

TEAM LIAISON ORIENTATION

A Team Liaison Orientation familiarizes team representatives with clinic tools and resources in a small group setting.

A Team Liaison Orientation, scheduled to take place following the Whole Group Orientation, helps further familiarize Team Liaisons (one representative from each team) with the clinic's small and large group processes and tools. Since participants receive a large amount of information during the Whole Group Orientation, a follow-up Team Liaison Orientation helps Liaisons better understand how to use the clinic to best serve their teams' needs. It enables the Team Liaisons to meet in a smaller group setting to clarify their own roles at the clinic, ask questions that emerged during the Whole Group Orientation, and get additional information about clinic resources. The Team Liaison Orientation is essentially the first of the daily Check-ins. These Check-ins give clinic planners and Team Liaisons scheduled opportunities to communicate with one another and make adjustments as the clinic progresses. The Team Liaisons are responsible for conveying the information to their teams following the Team Liaison Orientation.

WHAT HAPPENS AT THE TEAM LIAISON ORIENTATION?

Below is a sample agenda for a Team Liaison Orientation. We recommend this Orientation last no longer than 30 minutes to an hour. The Lead Facilitator leads the meeting which is attended by Team Liaisons, Facilitators, clinic planners and Resource People interested in learning more about the teams.

- ◈ Welcome by Lead Facilitator and Clinic Coordinator
- ◈ Introductions by Team Liaisons:
  - ☀ "My role is to . . ."
  - ☀ "A top goal for our team at the clinic is to . . ."

- ◈ Discuss and Clarify Team Liaison Role and Expectations

- ◈ Discuss Team Liaison questions from Whole Group Orientation

- ◈ What resources are available to support teams?
  - ☀ Resource People ☀ Facilitators ☀ Computers
  - ☀ Other teams ☀ Professional Development Workshops
  - ☀ Materials and supplies (flipcharts, markers, Tools Pack, binder)

GETTING THE MOST OUT OF THE CLINIC: TIPS FOR TEAM LIAISONS

◈ Review and discuss clinic materials, including the agenda and Personal and Organizational Biographies, with your team members to decide how your team can get the most out of the clinic.

◈ Make use of Facilitators and Resource People. They exist to serve teams!

◈ Encourage team members to take advantage of free time and field trips to relax and assimilate the large amount of information that you are exposed to at the clinic.

◈ Get ample rest, liquids and food to feel good and get the most out of the program.

◈ Complete Team Progress Worksheets and post them on the Team Progress Mural. Be sure to visit the Mural and see how other teams are progressing. You may learn something or help another team.

◈ Let clinic planners know what will help the clinic serve your team's needs.

TIPS

✓ If your Whole Group Orientation takes place in the evening, you may want to schedule the Team Liaison Orientation for the following morning so as not to tire participants.

✓ Keep the Team Liaison Orientation brief, preferably no more than one hour in length. Start and end on time.

✓ Let teams decide whom to send to the Team Liaison Orientation and Check-ins. Some will send the same person each time while others will rotate the position.

✓ As with Check-ins, make the Team Liaison Orientation fun and useful. Begin with a quick icebreaker, a joke, door prizes, or anything that helps participants enjoy themselves and get comfortable before beginning updates and discussions.

✓ Follow up immediately on anything arising during the Team Liaison Orientation that requires action. Report on the follow-up at subsequent Team Liaison Check-ins.

ASK YOURSELF

? How will teams get additional information and answers to questions that emerge during the Whole Group Orientation?

TEAM PLANNING SESSIONS

Teams can direct their own learning and planning efforts when given sufficient time, comfortable workspace, and access to guidance, resources and facilitation on request.

Team Planning Sessions are the "heart" of every clinic. Every other session provided during the clinic supports and furthers teams' efforts during their Team Planning Sessions. Clinic evaluation results have shown without fail that participants value most the time spent planning with their team. The opportunity to get away from their everyday workplaces to plan together in a supportive atmosphere helps teams advance in remarkable ways.

Team Planning Sessions provide teams with time for self-directed learning and self-organized planning. Armed with flipcharts, markers and their own private meeting space, teams work during this time to create and revise their Action Plans, debrief from and prepare for other clinic sessions, and meet as needed with Resource People or other team representatives. Use of Team Planning Sessions allows teams to be at different stages and to progress at different rates.

HOW MANY TEAM PLANNING SESSIONS ARE NEEDED?

Intersperse several Team Planning Sessions throughout your clinic. Long blocks of time (1 1/2 to 2 hours) in which teams can truly make progress are preferable to short blocks of time. Below is the number of Team Planning Sessions offered at a sampling of previous clinics:

1999 National Leadership Clinic (Albuquerque)	6 sessions	4-day event
2000 State Leadership Clinic (Wisconsin)	4 sessions	2-day event
2000 Regional Leadership Clinic (Nebraska)	4 sessions	2 day event

Two Team Planning Sessions per full day of a clinic (or 30-50% of total program time) is optimal.

"We were able to listen and talk out issues with each other within the intervals of time provided." Tricia Broddrick, California Team Member, 1999 National Leadership Clinic, Albuquerque

WHAT WILL TEAMS NEED DURING THEIR TEAM PLANNING SESSIONS?

A variety of tools can help teams make the most of their Team Planning Sessions:

◈ **Meeting Space:** Provide each team with its own, private meeting space that is well lit and comfortable. A flipchart and markers are also helpful.

◈ **Team or Floating Facilitators:** Make available trained Facilitators to assist teams that request them.

◈ **Resource People:** Invite content experts to your clinic who can be available to meet with teams during Team Planning Sessions. Teams typically schedule meetings with Resource People using the Dance Card.

◈ **Team Progress Worksheets:** Create simple forms and include these in the Tools Pack to provide teams with suggestions and guiding questions to help structure each Team Planning Session. Teams complete the worksheets and post them on the Team Progress Mural.

◈ **Team Progress Mural:** Ask teams to post their Team Progress Worksheets on a wall in a centrally located room following each Team Planning Session. The mural is a "work in progress," giving participants a chance to see, on a daily basis, what each team is working on and wanting assistance with as the Clinic progresses.

Team Planning Sessions "allowed me a concentrated time to focus on my commitment and efforts for my state [environmental education] organization." Wendy McGuire, Colorado Team Member, 1998 National Leadership Clinic, San Diego

TIPS

✓ Select a clinic site that provides a sufficient number of comfortable locations for teams to meet. Assign teams to the various locations and post a sign at each location with the team name so Resource People, Facilitators and clinic planners can find each team. Keep in mind that participants find it more pleasant, and thus are more productive, if they work in rooms or seating areas that are:

◈ An appropriate scale for their team's size.

◈ Well-lit, preferably with natural light.

◈ Comfortable with padded seating such as chairs with cushions or couches.

◈ Safe places for teams to leave their materials and flipchart paper between Team Planning Sessions.

✓ In warm weather, consider functional outdoor seating areas such as poolside tables with umbrellas for shade.

✓ Request a Site Map from facility staff so that you don't have to create one yourself. Identify in advance the locations where each team will meet during its Team Planning Sessions and note these locations on the Site Map. Ask teams to notify clinic planners if they move locations.

Canada team members Tim Grant, Garry Enns and Grant Gardner meet outside in the New Mexico sun during a Team Planning Session at the 1999 National Leadership Clinic (Albuquerque).

✓ Include the Site Map in the Tools Pack and familiarize participants with the map during Registration and Orientation, so that Resource People, Facilitators and teams know where to find one another.

✓ Schedule several Team Planning Sessions during your clinic, at least two per 6-8 hour day. Team Planning Sessions should last from 1 1/2 to 2 hours each. In general, most groups lose focus after 1 1/2 to 2 hours.

✓ Intersperse Team Planning Sessions with multi-team and whole group sessions so that teams can debrief from and prepare for each preceding and subsequent clinic activity. This is an important way to promote shared learning within a team.

✓ *When* Team Planning Sessions take place is critical. Schedule Team Planning Sessions during morning and afternoon times when individuals are most productive. Do not schedule Team Planning Sessions in the "brain-dead" mid-afternoon hours or in the evening.

✓ Design your Team Progress Worksheets so that they are simple and flexible yet provide sufficient guidance.

✓ If the teams participating in your clinic are large (10 or more members), you may want to consider having teams also break into sub-teams that meet separately for some of the Team Planning Sessions. Each team's first and final Team Planning Sessions should include all sub-teams. This will require you to identify more meeting locations and will influence the design of your Team Progress Worksheets.

✓ Decide whether you will assign Team Facilitators in advance and/or provide Floating Facilitators.

✓ Provide each team with markers and a portable tabletop flipchart for recording notes during the Team Planning Sessions. These flipcharts can also be used during the Share Fair to prop up Successes & Conundrums placards and during Open Space sessions for note taking. Tabletop flipcharts are low cost, easy to transport and can be purchased at most office supply stores.

✓ Have healthy, energizing snacks available.

ASK YOURSELF

? What do we want teams to accomplish during each Team Planning Session and by the end of the clinic? Is there an adequate number of Team Planning Sessions and adequate time allotted for teams to do this?

? How much total time is allotted to all Team Planning Sessions and what portion of the total clinic time is this?

? How will teams request Floating Facilitators to join them?

? How many meeting spaces will we need for Team Planning Sessions? Which of our potential clinic sites offers these spaces?

APPENDICES

Team Progress Worksheets (1999 National Leadership Clinic, Albuquerque)

SHARE FAIR

The Share Fair is a well-planned, yet informal opportunity for participants to share information and identify colleagues to make appointments with throughout the clinic.

The Share Fair is a festive, informal opportunity for participants to learn about one another and to identify whom they want to meet with later in the clinic. Teams and Resource People are stationed around small tables in one large room. Participants circulate and visit with one another depending on needs and interests. A Share Fair Map of the tables is distributed in the Tools Pack during Orientation. Each table has a placard listing that team or Resource Person's Successes & Conundrums. The successes are initiatives, expertise and skills individuals and teams can share, and conundrums are challenges for which assistance is sought.

Teams use the Share Fair to discover what expertise various Resource People and other teams have to share. Using the Dance Card, team members solicit help from, and schedule one-on-one meetings with Resource People and other teams whose expertise the team seeks.

WHAT IS THE ROOM SETUP?

Position tables in a large room with an adequate amount of space between each table for participants to walk. Plan for 4-6 feet of table space and 2-3 chairs per team or Resource Person. Each table contains a large sign that lists the table host's Successes & Conundrums.
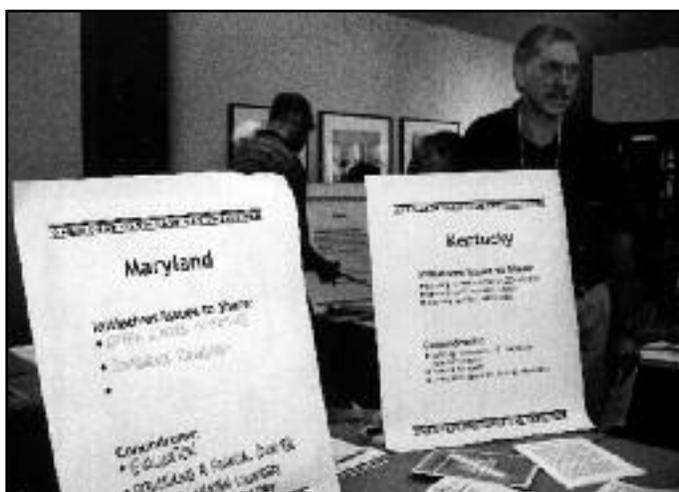
Kentucky team member Joe Baust offers advice, makes connections and schedules meetings with others on his Dance Card during the Share Fair at the 1999 National Leadership Clinic

TIPS

✓ Schedule the Share Fair early in the clinic, such as during the first full day, so participants can use their Dance Cards to schedule appointments with one another throughout the remainder of the clinic.

✓ Create a Share Fair Map that indicates the location of each table and lists Successes & Conundrums to help participants zero in on the resources they can best utilize.

✓ Place a placard on each table that lists the team's or Resource Person's Successes & Conundrums. The placards should be approximately 24" x 33" to allow participants to view them from a distance. Portable cardboard flipcharts designed to sit on tables can be used to prop up the placards. These flipcharts can then be used later during Team Planning Sessions and Open Space for recording notes.

✓ Encourage table hosts to prepare written handouts related to their Successes & Conundrums in advance of the clinic for use and distribution at their tables.

✓ Each team should have at least one person stationed at its table while other team members mill about the Share Fair. A team might consider rotating team members stationed at its table to give everyone on the team an opportunity to meet other clinic participants.

✓ Hors d'oeuvres or finger foods are a wonderful addition to a Share Fair. Food helps create a festive atmosphere, which promotes relaxed and extended conversations among participants. For an added touch, place different finger foods at each table so that participants can enjoy a culinary scavenger hunt while chatting with one another.

✓ Include these tools in the Tools Pack to help participants get the most out of the Share Fair: Dance Card, Share Fair Map, Personal and Organizational Biographies, Successes & Conundrums.

ASK YOURSELF

? How can we best design a Share Fair to facilitate participants learning about one another's areas of expertise and needs?

? When during the clinic agenda might we schedule the Share Fair? Why might we assign it to that time slot?

? What will lend a festive atmosphere to our Share Fair?

APPENDICES

Dance Card (1999 National Leadership Clinic, Albuquerque)

OPEN SPACE TECHNOLOGY

It is "possible to combine the level of synergy and excitement present in a good coffee break with the substantive activity and results characteristic of a good meeting."[1]

Open Space Technology—originated by Harrison Owen in collaboration with thousands of participants and practitioners—is a way to organize conferences, workshops and meetings. Open Space has been used worldwide with groups ranging from 5 to 1,000 participants who self-manage discussions and decision making processes and document these with written notes. Open Space enables participants to create their own agenda and deal with complex issues in a short period of time. When imbedded in a clinic, Open Space allows clinic attendees to pursue topics or issues that are useful to their teams during Team Planning Sessions and to enhance their individual professional development while at the clinic.

HOW DOES OPEN SPACE WORK?

A facilitated Open Space Technology session involves the following steps:

1. An Open Space Facilitator familiarizes clinic participants with the process for Open Space Technology, its ground rules (including The Four Principles and the One Law), and the theme for discussion.

2. Participants are invited to identify some issue or opportunity for which they have genuine passion, not necessarily personal expertise. Anyone with a topic stands and states it in one or two sentences, writes it on the paper provided, and posts it on the Community Bulletin Board, a wall-sized master schedule with meeting times and locations.

3. The Market Place is opened once there has been sufficient time to generate topics. During Market Place, participants decide which sessions to attend.

4. Small groups meet to discuss the topics. The conveners (those who posted session topics) are responsible for beginning their sessions and identifying someone to take notes.

5. Notes are handed in at the end of each discussion session. The notes can be typed into computers and posted electronically on the Electronic Virtual Clinic site and/or distributed to participants the next day for use during the remainder of the clinic.

[1]Harrison Owen. *Open Space Technology: A User's Guide.* p. 3.

[2]Harrison Owen. *Open Space Technology: A User's Guide.* p. 95-

WHAT IS THE ROOM SETUP?

Chairs for all participants are arranged in one or more concentric circles in a large room. The Community Bulletin Board is posted on a large wall at which participants can convene. The Four Principles and The One Law of Open Space also can be posted on large newsprint. Small group discussion locations are identified throughout the facility.

"I will never run a workshop the same way again. I found Open Space to be one of the best methods for sharing and gaining knowledge. I have never been involved in such an effective process as this." Cindy Bakkom, Illinois Team Member, 1998 National Leadership Clinic, San Diego

TIPS

✓ Identify a Facilitator who has experience and preferably is trained in Open Space facilitation.

✓ Learn more about Open Space from books, trainings or Facilitators of the process. This section provides an overview of the process, but is not intended to prepare you to lead an Open Space event.

✓ Give careful thought to the theme of the Open Space event. The theme sets the stage for the topics individuals propose and is best stated as a question.

✓ Portable flipcharts can be used during Open Space sessions to record notes. The flipcharts are designed to sit on tables and can also be used to prop up Successes & Conundrums placards during the Share Fair and for note taking during Team Planning Sessions. These flipcharts are low cost and can be purchased at most office supply stores.

"I had never heard of Open Space but found that it worked very well for getting together people with like interests that were not covered in one of the other sessions." Sue Bumpous, Texas Team Member, 1998 National Leadership Clinic, San Diego

ASK YOURSELF

? What do we want Open Space to accomplish at our clinic?

? Do we have sufficient break-out space for multiple Open Space discussion groups?

? What will we do with the discussion groups' notes and how can these inform teams at Team Planning Sessions and the clinic as a whole?

CLINIC SNAPSHOT

Open Space Spawns Barter Network
1998 National Leadership Clinic (San Diego)

The mini Open Space included in the clinic spawned the creation of the Barter Network, a mechanism for exchanging expertise among environmental education professionals in the United States and Canada. One participant proposed bartering professional expertise as a topic, and several others joined the discussion. Following the clinic, members of that discussion group drafted a proposal and received funding and staff to design the Barter Network.

ADDITIONAL RESOURCES

Holman, Peggy and Tom Devane. *The Change Handbook*. San Francisco: Berrett-Koehler Publishers, Inc., 1999. Tel: (415) 288-0260. Fax: (415) 362-2512. <www.bkconnection.com>.

Bunker, Barbara Benedict and Billie T. Alban. *Large Group Interventions*. San Francisco: Jossey-Bass Publishers, 1997. Tel: (415) 433-1740. Fax: (800) 605-2665. <http://www.josseybass.com>.

Owen, Harrison. *Expanding Our Now*. San Francisco: Berrett-Koehler Publishers, Inc., 1997. Tel: (415) 288-0260. Fax: (415) 362-2512. <www.bkconnection.com>.

Owen, Harrison. *Open Space Technology*. San Francisco: Berrett-Koehler Publishers, Inc., 1997. Tel: (415) 288-0260. Fax: (415) 362-2512. <www.bkconnection.com>.

Open Space Website: <http://www.openspaceworld.org/>

HEADS TOGETHER

"They know enough who know how to learn." Henry Adams

Heads Together is a powerful way for teams to learn from one another.

Heads Together is a powerful team-to-team problem solving activity in which teams are paired with one another to gain and provide insights into the challenges they each face. Heads Together was developed to facilitate learning between two teams as compared to two individuals. Teams primarily use Team Planning Sessions to work on their own or with invited Resource People. Other processes used at the clinic—Share Fair, Professional Development Workshops, Open Space—are geared toward individual interaction across teams. Heads Together provides both a process and time in the clinic agenda devoted solely to enabling teams to work directly with other teams.

"The Heads Together session was a great opportunity to share ideas and commiserate with others on common issues." Jeff Ledermann, Minnesota Team Member, 1999 National Leadership Clinic, Albuquerque

HOW DOES HEADS TOGETHER WORK?

The Lead Facilitator explains to the whole group the format for two or more 60-minute rounds of Heads Together. Facilitators and Resource People are assigned to the small groups to assist with note taking and facilitation.

ROUND 1 (60-minutes; teams switch roles after 30 minutes)

1. Team 1 states the issue, problem or initiative it would like feedback on.
2. Team 2 asks clarifying questions of Team 1.
3. Team 2 brainstorms and proposes problem-solving strategies for Team 1.
4. Teams switch roles, working on Team 2's issue, problem or initiative.

ROUND 2 (60-minutes; teams switch roles after 30 minutes)
Teams are matched with new teams and the process is repeated.

WHAT IS THE ROOM SETUP?

Arrange one circle of chairs for each Heads Together pairing. The circles should be far enough apart or in separate rooms so that noise from one small group discussion doesn't interfere with another. Each circle should have a flipchart, markers, and enough chairs to seat members of two teams and a couple of Resource People or Facilitators.

"As a Resource Person, along with 32 others, I assisted various teams throughout the clinic. While this was helpful, the real value of the clinic was how teams assisted each other. During Heads Together, teams talked openly about their successes, challenges and dreams with one another. Because the information was from another team that faced similar obstacles and opportunities, the experience was more meaningful and relevant. In a sense, all teams at the clinic functioned as resources for one another. This spirit of sharing and support was critical to the success of the clinic." Gus Medina, Resource Person, 1999 National Leadership Clinic, Albuquerque

TIPS

✓ Use the Team Progress Worksheets to collect the teams' issue, problem or initiative statements in advance of the session so teams can be paired with other teams that have had relevant experiences.

✓ Have Facilitators and Resource People available to review the steps involved, to encourage interaction among all participants and to keep the focus on the teams' statements.

✓ Allow groups to facilitate their own discussions, but provide them with the option of requesting a facilitator.

ASK YOURSELF

? How will teams learn from and problem solve with one another?

? What will we do if teams' issues, problems or initiatives are dissimilar? Can we pair teams with different needs and experiences?

PROFESSIONAL DEVELOPMENT WORKSHOPS

Pre-planned workshops are a valuable addition to a participant-driven event.

Professional Development Workshops are the central focus of most conferences. At clinics, however, Professional Development Workshops are designed to compliment all other sessions, to serve teams' expressed needs and to further teamwork during the Team Planning Sessions. We have learned the following about integrating workshops into the participant-driven design of clinics:

◈ Sending out a Solicitation Notice and Application early on in the clinic planning process, and asking participants to help select from among the proposed workshops, helps guarantee that workshops are responsive to the informational and teaching needs of participants.

◈ Team members, as well as other professionals with skill or content expertise, can lead successful Professional Development Workshops.

◈ Workshop leaders can and should be asked to stay for the duration of the clinic to provide additional support to teams as Facilitators and Resource People.

◈ Participants value Professional Development Workshops that either provide pivotal learning experiences through which participants feel they have been "changed," or that deliver "products" that can be put to immediate use.

HOW ARE PROFESSIONAL DEVELOPMENT WORKSHOPS DESIGNED?

The following strategies can be used to shape Professional Development Workshops so that the workshops are participant-driven and are integrated with other clinic sessions:

1. Develop selection criteria that serve as guidelines to help workshop presenters design their workshops. Workshops should demonstrate responsiveness to participants'

needs on two levels: content (topics or initiatives addressed during the workshop); and process (how the workshop itself is structured and delivered). Priority can be given to workshops that:

◈ Address topics or issues critical to the current needs and challenges faced by participants.

◈ Result in a "product" that individuals and teams can take back to their communities, such as a fundraising proposal or press release.

◈ Develop specific professional skills, techniques or competencies.

◈ Stress active involvement by and draw on the expertise of participants in discussions and activities.

◈ Model the skills, techniques and strategies being addressed. Participants best experience processes first-hand.

2. Invite team participants, as well as Resource People and Facilitators, to submit workshop proposals.

3. Participants can be asked to select from among the proposals submitted. Copies of all proposals received can be mailed, emailed or posted online to Team Liaisons or each clinic participant for them to rank sessions of greatest interest.

4. Hold at least one clinic preparation conference call with workshop presenters to review the overall clinic design and to discuss how to strengthen and refine each workshop's participant-driven design.

"I remember at the first clinic, the Illinois group struggling with their goals, and deciding to put together a training. This year, just two full years later, I attended the session they presented on the training they developed. The clinic is making a very real difference." Ginny Wallace, Missouri Team Member, 1998 National Leadership Clinic, San Diego

"It is wonderful to know that the model workshop we presented was well received and that other teams found it applicable. It was rewarding to know the hard work resulted in a product with a wide use potential." Nan Buckardt, Illinois Team Member, 1998 National Leadership Clinic, San Diego

TIPS

✓ Design a Professional Development Workshop Solicitation Notice and Application with selection criteria or guidelines to help workshop presenters develop their agendas to more closely fit your clinic's participatory design and participating teams' goals.

✓ Solicit Professional Development Workshop proposals from individual and team participants as well as Resource People and Facilitators.

✓ Enable participants to help select the Professional Development Workshop proposals that will be featured at your clinic.

✓ Make sure the Team Progress Worksheets prompt teams to debrief from each Professional Development Workshop. Let team members know they can each attend different workshops and collect information for one another.

✓ Design an evaluation form for participants to complete after they attend each Professional Development Workshop to evaluate how well each workshop met the needs of participants and adhered to your clinic's participatory design guidelines.

The popular "True Colors" Workshop at the 1999 National Leadership Clinic (Albuquerque) helped environmental education leaders understand personality differences, team dynamics and learning styles and preferences.

ASK YOURSELF

? What are our clinic's measurable objectives and which of these objectives are best accomplished through Professional Development Workshops?

? How do we enable workshop presenters to design Professional Development Workshops that embody clinic principles?

? How do we involve team participants in submitting proposals for and selecting the Professional Development Workshops?

APPENDICES

Professional Development Workshop Solicitation Notice and Application (1999 National Leadership Clinic, Albuquerque)

Professional Development Workshop Evaluation Form (2000 Regional Leadership Clinic, Nebraska)

AFFINITY GROUPS

Affinity Groups provide opportunities for participants to discuss topics of their own choosing.

An Affinity Group is an informal way for teams or individuals with a common interest to identify each other and hold a discussion. While somewhat similar to Open Space, Affinity Groups do not involve a Facilitator or a large group gathering to identify topics.

HOW DO AFFINITY GROUPS WORK?

Affinity Groups can take place throughout the clinic, whenever there is free time during which no other clinic activities are scheduled. Post a schedule on the wall of the large meeting room that serves as your clinic "home base." The schedule should list all times during which groups are free to convene, including meals and break times. Leave space for participants to list discussion topics in each time block and have designated locations where discussions can take place. Two to four locations for groups of 60-120 participants is generally sufficient, although any number of Affinity Groups can take place during each block of time.

SAMPLE AFFINITY GROUP SCHEDULE

	MEETING ROOM A	ATRIUM	POOLSIDE
Tuesday (lunch) 12:00 – 1:00 pm			
Tuesday (afternoon break) 4:00 – 5:00 pm			
Tuesday (evening break) 7:30 – 8:30 pm			

TIPS

✓ Familiarize participants with Affinity Groups during Orientation.

✓ Encourage individuals and teams to transfer information about Affinity Group meetings they want to attend onto their Dance Cards so as not to inadvertently schedule other appointments during those time slots.

✓ Encourage participants to check the Affinity Group schedule regularly. Once scheduling of Affinity Groups begins, there is no further coordination of this activity by clinic planners.

✓ You may wish to provide, next to the Affinity Group schedule, a one-page form on which a member of each Affinity Group records notes.

ASK YOURSELF

? What opportunities exist for individuals and teams to discuss topics of their own choosing? How might we create more such opportunities?

? What, if anything, will we do with the results of the Affinity Group meetings?

WHOLE GROUP CLOSING

An effective Closing allows participants to synthesize, celebrate, commit and evaluate.

Memorable, effective Closings are interactive, relatively brief, and build on earlier clinic program elements. It is important not to finalize your Closing activities until you have completed planning all other clinic elements. Even then, keep your plans as open-ended as possible to allow you to incorporate into the Closing those magical, unexpected happenings that inevitably will occur during your clinic.

WHAT HAPPENS AT A CLOSING?

While flexibility and an open-ended approach to planning the Closing is crucial, it is never too early to begin thinking about your Closing. Below are four key elements of a Closing along with sample strategies.

◈ **Synthesis**

Identify one or more strategies to help participants reflect on and synthesize their clinic experience. You might ask participants to write reflective journal entries. You might ask teams to report on their major accomplishments and then allow the whole group to discuss observations generated by the report-outs. You might invite the Lead Facilitator, a Resource Person and/or a team member to share with the group insights or key observations from each day of the clinic. The synthesizing strategies you use should go beyond mere summary of clinic results and allow participants, individually and collectively, to reflect on the clinic's accomplishments, meaning and synergy.

◈ **Celebration**

A celebration of your clinic's accomplishments and successes can also serve as a final whole group team building activity. Ideas for celebrations are unlimited. You might ask each individual or team to state one accomplishment and encourage applause from the whole group. You might present certificates. You might ask each individual or team to write successes on colorful pieces of triangular shaped paper and then post these clinic Success Flags. Also, an important part of celebration is acknowledgement. Be sure to identify and thank individuals and organizations that contributed to the clinic, including volunteers and sponsors.

◈ **Commitment**

Although the Closing marks the end of the clinic, the networking and action planning spawned by the clinic are just beginning. Take time during the Closing for participants to identify those action steps they commit to take following the clinic. One effective tool is "I Commit," a list of follow-up steps participants plan to take immediately upon returning home. "I Commit" lists help participants clarify their next steps, help clinic planners collect additional evaluation data and generate excitement around post-clinic follow-up.

◈ **Evaluation**

Ideally participants have several opportunities throughout your clinic to evaluate its various small and large group processes and tools. Nevertheless, you likely will want to incorporate an evaluation activity into your Closing as well. Keep in mind that the purpose of evaluation at the close of the clinic is twofold: to garner useful feedback on your clinic design and to allow participants to debrief and provide valuable input.

The evaluation strategy you choose will depend on your group size, the information you seek and your overall clinic design. You might ask participants individually or as teams to complete a traditional evaluation form, write a short essay or fill out a Plus-Minus-Change Chart. The evaluation at the 1998 National Leadership Clinic (San Diego) asked participants individually to complete a Plus-Minus-Change Chart and then discuss their recommendations with others in small groups. The small group discussions generated additional suggestions that participants recorded and submitted to clinic planners for use in the design of future clinics.

TIPS

✓ Keep the Closing as brief and dynamic as possible because participants will be tired, eager to get home and in need of celebration.

✓ Clarify for yourself the purpose of your Closing and then design it to accomplish that purpose.

✓ Involve a variety of people in delivering the Closing to enliven it and reinforce the extent that teamwork was involved in organizing the clinic.

✓ Design Closing activities to be interactive. Get participants moving about and talking with one another at various times to keep them alert and focused.

ASK YOURSELF

? What purpose(s) will our Closing serve?

? How will we help participants synthesize the clinic experience?

? How will we celebrate our successes and accomplishments and acknowledge everyone's contributions?

? How will participants commit to taking specific steps following the clinic?

? How will participants evaluate their overall clinic experience as well as specific group processes and tools?

? How will the Closing reinforce our clinic theme and involve participants?

? Which of the participants' senses (sight, smell, sound, touch, taste) will be engaged during the Closing and how?

TOOLS & TECHNOLOGY

[WHAT TOOLS WILL HELP PARTICIPANTS ENGAGE

IN SHARED LEARNING?]

SECTIONS:

Team Action Plans

Team Progress Mural

Tools Pack

Agenda (At-A-Glance, Narrative, Graphic Flow)

Dance Card

Personal and Organizational Biographies

Successes & Conundrums

Team Progress Worksheets

Site Map

Technology Issues and Opportunities

Internet Communication Technology

Electronic Virtual Clinic

Cyber Café & Cyber Cinema

TEAM ACTION PLANS

"Knowing is not enough; we must apply. Willing is not enough; we must do." Goethe

Action Plans are central to sustaining the clinic's momentum. They are the "end products" teams return home with following the clinic that assign responsibility and guide team efforts in the months and years ahead.

Strategic planning is a tool to advance initiatives and organizational development. The strategic planning cycle involves: a) assessing existing initiatives, resources and conditions; b) creating a vision statement; c) determining goals; d) developing strategies to achieve goals; and e) developing an Action Plan with steps, responsibilities, timeline and budget information. Teams may be at different places in this cycle. Regardless of teams' prior experience with strategic planning, however, each team should be able to complete an Action Plan by the end of the clinic.

Teams benefit from having an action planning framework that they can use before, during and after the clinic. This framework should guide teams to work on one to six goals and end with the completion of an Action Plan that is recorded on the Team Progress Worksheets. Here are examples of goals that state and provincial teams have worked on at national leadership clinics:

◈ Develop a pre-service teacher training program

◈ Create a statewide center for environmental education

◈ Determine a mission for the environmental education association

◈ Increase leadership diversity in the network of environmental educators

◈ Plan and implement a state-level leadership clinic

◈ Establish an environmental education trust fund

Team members utilize the clinic to gather information, get ideas and feedback, and progress on each goal. They may meet with Resource People who have expertise related to team goals, bounce strategies off of other teams in Heads Together sessions, and hold topical discussions during Open Space and Affinity Group sessions. Team members then use all of this input and perspective during their Team Planning Sessions to develop an Action Plan for use back "home" in their state or province. Team Action Plans, then, are the recorded results of all the networking, training and strategic thinking that teams accomplish at the clinic.

TIPS

✓ Ask teams to agree on the goals they will focus on in advance of the clinic. This will save them precious Team Planning Session time once at the clinic.

✓ Use the Team Progress Worksheets as the framework for guiding teams in the development of Action Plans.

✓ Require teams to post the results of their Team Planning Sessions on the Team Progress Mural, whether or not they used the Team Progress Worksheets.

✓ Ask teams to bring copies of their organizational or coalition strategic plans to serve as the basis for their planning at the clinic. Ask teams to bring extra copies of the plans for Resource People, Facilitators and other participants to use as references. Clinic planners can also request teams to provide plans electronically in advance of the clinic to be posted on a website for all participants to preview.

ASK YOURSELF

? Have we provided enough Team Planning Session time for each team to identify the action steps, responsibilities, timeline and budget for at least one team goal?

? If teams run low on time at the end of the clinic, what aspects of the Action Plan worksheet are most important to complete (e.g. steps and responsibilities completed at the clinic, leaving timeline and budget for the team to complete at home)?

? Are the Team Progress Worksheets, including the Action Plan worksheet instructions and format, easy to understand and follow?

APPENDICES

Team Progress Worksheets (1999 National Leadership Clinic, Albuquerque)

ADDITIONAL RESOURCES

Ruskey, Abby and Richard Wilke (1994). *Promoting Environmental Education: An Action Handbook for Strengthening*
EE in Your State and Community. Stevens-Point, WI: University of Wisconsin Foundation Press, Inc., 1994. ISBN 0-932310-25-7

Barry, Bryan W. *Strategic Planning Workbook for Nonprofit Organizations*. St. Paul, MN: Amherst H. Wilder Foundation, 1986.

TEAM PROGRESS MURAL

"We need to have information just coursing through our organizations. It is the lifeblood of organizations and it is the source of all the energy that leads to reorganization and adaptability . . . Whenever you bring two people together in the organization who don't normally work together or don't normally get to talk to each other, what you are doing is creating new information. It may be an idea that is seized by one person and transmitted to several others that leads eventually to a new product line, a new way of doing business, or a revolution."
Margaret Wheatley

A large, centrally located mural depicting teams' emerging accomplishments and questions encourages greater interaction and shared learning among teams.

The Team Progress Mural was inspired by our desire for teams to share with one another their progress throughout the clinic. Each team posts information on one wall in a centrally located room following each Team Planning Session. The mural is a "work in progress," giving participants a chance to see, on a daily basis, what other teams are working on and wondering about as the clinic progresses.

WHAT DOES THE TEAM PROGRESS MURAL LOOK LIKE?

The Mural looks like a spreadsheet table or grid with teams' names listed in the top horizontal row and Team Planning Sessions listed in the far left vertical column. Contents of the rows and columns can be reversed if you like. Leave space for each team to post an 8 1/2" x 11" Team Progress Worksheet after each Team Planning Session.

	TEAM A	TEAM B	TEAM C
Team Planning Session I			
Team Planning Session II			
Team Planning Session III			

Clinic planner and Missouri team member Kim Wade congratulates teams on the results of their Team Planning Sessions posted on the Team Progress Mural at the 1998 National Leadership Clinic (San Diego).

Team Progress Worksheets, simple forms that teams complete and post on the mural, are found in the Tools Pack given to participants during Orientation. The Team Progress Worksheets ask teams for the following information:

◈   Team Goals for the Clinic (posted following the first Team Planning Session)

◈   Accomplishments and Questions (posted following each of the next few Team Planning Sessions)

◈   Draft Action Plan (posted following the final Team Planning Session)

WHAT IS THE TEAM PROGRESS MURAL'S PURPOSE?

The Mural serves several purposes. It is a:

◈   **shared learning tool** that enables teams to learn about and to assist one another.

◈   **formative evaluation tool** that enables clinic planners to assess, throughout the clinic, how the teams are progressing and whether changes in the clinic program are needed.

◈   **team intervention tool** that enables clinic planners, including the Lead Facilitator, to identify teams that are struggling and need facilitation assistance.

◈   **summative evaluation tool** that enables clinic planners to evaluate, following the clinic, how well teams progressed and what teams accomplished.

The Team Progress Mural is an interactive tool. During breaks, participants mill about the Mural, reviewing other teams' goals, accomplishments and questions. This stimulates interaction among participants from different teams who ask each other questions and strike up conversations while standing at the Mural reading one another's posted Worksheets. Participants with information or ideas write and paste notes on others' Team Progress Worksheets.

TIPS

✓ Place the Mural on a wall in a central location that is available to participants throughout the clinic. The ideal location is the main room where you hold whole group sessions, including Orientation and Closing.

✓ Consider making the Mural colorful and attractive to draw people in. For example, use a different color for each Team Progress Worksheet to help participants easily identify one Worksheet from another.

✓ Use yarn or string to delineate the rows and columns of your Mural.

✓ Encourage teams to post their Team Progress Worksheets on the Mural following each and every Team Planning Session so that the posted information is timely and up-to-date.

✓ Place sticky notes and pens at the Mural so that participants can respond to one another's Team Progress Worksheets by writing and affixing notes.

✓ Reference the Mural at the Whole Group Closing to celebrate teams' accomplishments.

ASK YOURSELF

? How will clinic participants learn about teams' goals, accomplishments, and questions?

Clinic planner Kerry Eastman and Resource Person Phyllis Peri discuss teams' accomplishments posted on the Team Progress Mural at the 2000 State Leadership Clinic (Wisconsin).

TOOLS PACK

Tools help participants navigate a participant-driven event.

The Tools Pack is a folder containing items that participants will use throughout the clinic.

WHAT IS INCLUDED IN THE TOOLS PACK?

The contents of your Tools Pack will depend on your clinic agenda. Below are standard tools we have included in Tools Packs. What tools will your clinic participants need?

- ◈ **At-A-Glance Agenda:** A one-page, text-based agenda that lists chronologically all session times, locations and titles.

- ◈ **Narrative Agenda:** A multi-page, text-based agenda with thorough descriptions of all sessions that enables participants to learn about and prepare for the clinic's upcoming small and large group processes.

- ◈ **Graphic Flow Agenda:** A lively, map-like agenda with sessions depicted by icons to emphasize the flow between small and large group sessions.

- ◈ **Dance Card:** A tool to help participants schedule meetings with other teams, Resource People and Facilitators throughout the clinic.

- ◈ **Personal and Organizational Biographies:** Brief descriptions that help participants get to know fellow clinic attendees better.

- ◈ **Successes & Conundrums:** Lists of one another's successes (initiatives, expertise and skills to share) and conundrums (challenges for which assistance is sought) that enable participants to seek out and provide assistance to one another throughout the clinic, including the Share Fair.

- ◈ **Team Progress Worksheets:** Forms that teams complete during Team Planning Sessions and post on the Team Progress Mural.

◈ **Site Map:** A map of the facility that indicates the locations of meeting rooms and Team Planning Sessions so that Resource People, Facilitators and teams can find one another for appointments and to deliver messages.

◈ **Evaluation Forms:** Forms completed by participants after individual clinic activities and/or at the close of the entire clinic that provide data about participant satisfaction and whether the clinic achieved its measurable objectives.

HOW DO PARTICIPANTS BECOME FAMILIAR WITH THE TOOLS PACK'S CONTENTS?

Some of the items in the Tools Pack—such as the Graphic Flow Agenda, Dance Card, and the Team Progress Worksheets—will be new to most participants. You will need to familiarize participants with these tools so that they can use them well and get the most out of the clinic.

Below are two lively strategies you can use to introduce the Tools Pack during Orientation by *showing* rather than *telling*. You may want to explore ideas of your own:

◈ **Skit:** Present a skit that explains the use of tools and group processes, including the Dance Card, Share Fair, Team Progress Worksheets, Team Progress Mural and Team Planning Sessions. The skit can also illustrate the roles of team members, Resource People and Facilitators.

◈ **Unpack the Pack:** Ask participants to search their Tools Pack for various items. Once found, each item is explained, and the participant locating the item first is awarded a prize.

TIPS

✓ Consider how your Tools Pack's contents will be designed, assembled and packaged so that it is visually appealing and reflects your clinic's themes.

✓ Give participants their Tools Pack during Registration and ask them to review it. Take time to familiarize them with the contents during Orientation. Participants will be more alert and likely to retain information if you introduce them to the Tools Pack contents in fun and interactive ways.

ASK YOURSELF

? What tools do participants need to help them get the most out of each clinic activity?

? How can we package the tools in a visually appealing way that also reinforces our clinic theme?

? How can we familiarize participants with the Tools Pack contents so that they will understand and remember each item's purpose and how to use it?

SAMPLE TOOLS PACK CONTENTS

2000 Regional Leadership Clinic, Nebraska

1. Pre-Clinic Materials
2. Narrative Agenda
3. Site Map and Local Area Information
4. Team Facilitators and Resource People Biographies
5. Team Member Biographies
6. Team Progress Worksheets
7. Successes & Conundrums
8. Clinic Handouts
   Inside Pocket Contents: Dance Card, Evaluation Forms

AGENDA (AT-A-GLANCE, NARRATIVE, GRAPHIC FLOW)

Agendas, like good treasure maps, should be informative and exciting.

You want a treasure map to tell you exactly where that treasure is and how to get there, with hints of adventures along the way. Your clinic is a complex, lively adventure for participants, and the agenda should be a map that helps them navigate the event. It is important to familiarize participants with the agenda so they understand how to adapt it to fit their own needs.

HOW CAN YOU FAMILIARIZE PARTICIPANTS WITH YOUR AGENDA?

Participants are introduced to a unique way of conferencing at clinics. It is important to take extra measures to make sure participants understand the flow of sessions planned to help them get the most out of their time and efforts. We recommend a multi-sensory approach using a variety of agenda formats to orient participants to the clinic.

1. We recommend including three versions of the agenda in the Tools Pack:

   ◈ **At-A-Glance Agenda:** This one-page, text-based agenda lists sessions' times, locations and titles in chronological order or in a table format so participants can identify quickly what, when and where sessions take place.

   ◈ **Narrative Agenda:** This multi-page, text-based agenda contains thorough descriptions of all sessions to enable participants to learn about and prepare for the small and large group processes they will experience during the clinic.

   ◈ **Graphic Flow Agenda:** This agenda is a one-page "snapshot" that depicts sessions graphically. Icons provide easy reference to the types of sessions taking place and emphasize the flow between small and large group sessions. You can see readily when Team Planning Sessions are scheduled and what takes place before and after each one.

2. Post an enlarged, mural-sized Graphic Flow Agenda on the wall in a main meeting room during the entire clinic to serve as a reference to participants and as a focal point to add visual lift to a portion of a large room.

3. *Show* participants, in interactive and entertaining ways during Orientation, what to expect from the large and small group processes and tools they are about to experience.

◈ Reference the mural-sized Graphic Flow Agenda posted on the wall when describing the clinic's overall design and point to each session while that session's organizer describes it verbally.

◈ Present a skit to help participants understand what will happen, and refer to the Graphic Flow Agenda when sessions are being described in the skit.

A large 3' x 30" Graphic Flow Agenda adorns the main meeting room at the 1999 National Leadership Clinic (Albuquerque).

TIPS

✓ Acquaint participants with the agenda in a variety of visual, verbal and kinesthetic ways.

✓ Find "artists" to design a colorful Graphic Flow Agenda that is unique to your event.

ASK YOURSELF

? What is most important for participants to know and understand about the agenda?

? How can we familiarize participants with the agenda in enjoyable and illuminating ways?

APPENDICES

At-A-Glance Agenda (1998 and 1999 National Leadership Clinics, San Diego and Albuquerque)

Narrative Agenda (1999 National Leadership Clinic, Albuquerque)

Graphic Flow Agenda (1998 National Leadership Clinic, San Diego)

DANCE CARD

A scheduling tool that is both playful and useful sparks and sustains interaction among participants.

Dust off your top hat. The Dance Card has made a comeback! Once used to solicit dance partners during formal balls, the Dance Card now has a new use among modern day conference goers. Our version of the Dance Card debuted at the 1998 National Leadership Clinic (San Diego) as a tool to help participants schedule meetings throughout the clinic with one another.

HOW DOES THE DANCE CARD WORK?

The Dance Card is simply the clinic agenda reproduced on cardstock and sized to fit into a shirt pocket. The agenda is modified to contain blank spaces next to those time slots, including Team Planning Sessions, meals and breaks, during which individuals and teams are free to meet with one another. Participants write one another's names next to the time slots when they've agreed to meet. The Share Fair, if scheduled early in the clinic, is an ideal kickoff opportunity for participants to use their Dance Cards. The Dance Card is meant to be a useful as well as playful tool. So, hold onto that top hat and get ready to dance!

Dance Card used at the 1998 National Leadership Clinic (San Diego)

TIPS

✓ When designing your Dance Card, keep these tips in mind:

- ❖ Create a Team Dance Card and a Resource Person Dance Card. Each version of the Dance Card should be a different color.

- ❖ Its look should reflect the unique flavor of your clinic.

- ❖ It should contain the entire clinic agenda with spaces to write in appointments next to Team Planning Sessions, meals, breaks and other "free" times.

- ❖ Provide enough space for brief notes to help remind teams and Resource People of the focus and outcomes of their meetings.

- ❖ Use durable material such as cardstock so that it holds up throughout the event.

- ❖ Cut or fold it so that it fits into a pocket for transportability.

✓ Create an interactive, easy-to-understand way to acquaint participants with the Dance Card during Orientation. For example, skits with music and props, including a larger than life Dance Card draped like a sandwich board on a clinic planner, gave participants a humorous introduction to their Dance Cards at the 1998 National Leadership Clinic (San Diego).

✓ Include these helpful hints when familiarizing participants with the Dance Card during Orientation:

- ❖ Don't worry if your Dance Card isn't completely filled out the first day since you may continue finding individuals throughout the clinic to meet with.

- ❖ Bring your Dance Card to the Share Fair to make appointments.

- ❖ Coordinate with other team members and record all meetings on the team's Master Dance Card so that two meetings aren't scheduled to take place at the same time.

- ❖ You can make appointments with a Resource Person, Facilitator or another team.

- ❖ Appointments can take place during Team Planning Sessions as well as mealtimes, particularly if other activities such as speakers are not scheduled during meals.

✓ Provide one Master Dance Card per team, perhaps a different color, that is used to record all appointments so that team members don't schedule two appointments for the same time slot.

Members of the Hawaii and Utah Environmental Education Associations arrange to meet during the 1998 National Leadership Clinic (San Diego).

ASK YOURSELF

? How can the scheduling tool we use, such as the Dance Card, be visually appealing and reinforce the clinic purpose or theme?

? Does our Dance Card clearly define "open times" for scheduling meetings and provide enough space for sign-ups?

APPENDICES

Dance Card (1999 National Leadership Clinic, Albuquerque)

PERSONAL AND ORGANIZATIONAL BIOGRAPHIES

Biographies unearth interesting and useful information about fellow participants that compels them to discover more about one another.

Have you ever exclaimed "I never knew that about you!" after learning something new and interesting about a longtime friend? Brief Biographies help clinic participants get to know their fellow clinic attendees. We have found that even members of the same team who have worked together for years learn something new about one another through their Personal Biographies. Giving participants a variety of opportunities to learn about one another's strengths and skill areas is critical at a clinic in which the participants serve as resources for each other.

Teams make extensive use of both Personal Biographies of clinic participants and Organizational Biographies of teams and organizations when preparing for the Share Fair. These Biographies help the teams identify tables to visit at the Share Fair and decide whom they want to make appointments with on their Dance Cards.

TIPS

✓ In advance of the clinic, collect short 1-2 paragraph personal Biographies from all clinic participants, including team members, Resource People, Facilitators, clinic planners and anyone else attending the clinic.

✓ Ask that Biographies be submitted electronically when possible so that you can cut and paste them into one word processing document or an online website rather than having to retype them.

✓ Limit the number of words and specify a deadline to ensure you get concise information sent well enough in advance for you to include Biographies in a pre-clinic mailing.

✓ When possible, include Biographies in a pre-clinic mailing to give participants an opportunity to prepare. If you cannot include the Boigraphies in a pre-clinic mailing, insert them in the Tools Pack.

SAMPLE BIOGRAPHIES

PERSONAL BIOGRAPHY: TEAM PARTICIPANT

Tim Grant (Canada Team Member, 1999 National Leadership Clinic, Albuquerque)

Tim Grant has for the past eight years co-edited *Green Teacher*, a non-profit magazine read by over 10,000 North American educators. Tim also has been involved in teacher education and has delivered over 100 keynote and workshop presentations around the world. He taught these secondary school courses: Design & Technology; World Politics; and Society: Challenge and Change for 13 years in Pickering, Ontario. He is a founding member of Energy Educators of Ontario, coordinator of Environmental Action Ontario, and a member of the Steering Committee of EECOM, Canada's environmental education network. His skills and knowledge include: managing non-profit organizations, meeting facilitation, volunteer recruitment, marketing and promotional campaigns, speaking/verbal communication, and professional development for teachers and non-formal educators.

PERSONAL BIOGRAPHY: RESOURCE PERSON

Carol Weisman (Resource Person, 2000 Regional Leadership Clinic, Nebraska)

Carol Weisman is president of Board Builders and a speaker, author, trainer and consultant who specializes in volunteerism, fund raising and governance. Carol has a Master's Degree in both Social Work and Education from Washington University in St. Louis. She has served on 24 boards and has been president of 7. She started her career as a social worker working with street gangs. She found this experience particularly helpful in the boardroom. The gangs were better organized than most boards and their fund raising activities were more successful, although she clearly doesn't recommend them. Her last book, *Secrets of Successful Boards*, was voted one of the top ten nonprofit management books of 1999. Her current book, *Secrets of Successful Fundraising*, was just selected as the first book on nonprofit management to be carried by the Book of the Month Club. Carols says that she particularly loves working with environmental education groups not only because she believes in the work they do, but because they never expect her to wear heels or pearls!

ORGANIZATIONAL BIOGRAPHY: TEAM

Puerto Rico (Team, 1998 National Leadership Clinic, San Diego)

Association Puertorriquena Para La Educacion Ambiental is Puerto Rico's environmental education association. APPLEAC was founded in 1996 after several meetings of educators and citizens concerned about the need for environmental education to promote a healthy environment. Once organized, APPLEAC established a vision, goals and strategies. Its structure consists of a five-member Board of Directors (President, Vice-President, Treasurer, Secretary and Executive Director) and committees that include the Education Committee and the Development and Economic Resources Committee. APPLEAC is establishing a network of educators, organizations and government agencies to share materials, ideas and efforts. The association is also working with the government to promote adoption of a law requiring environmental education to be included in school curricula. Organizational needs are: to raise funds for administrative operations, events and activities; to improve communication among

Board and members; and to develop new member recruitment strategies.

SUCCESSES & CONUNDRUMS

Knowing one another's successes and conundrums helps participants both seek out and provide assistance to one another.

Participants benefit from tools that acquaint them with one another's successes (initiatives, expertise and skills to share) and conundrums (challenges for which assistance is sought) so that they can seek out and provide assistance to one another more readily.

WHAT PURPOSE DO SUCCESSES & CONUNDRUMS SERVE?

1. Soliciting Successes & Conundrums from participants prior to the clinic: a) encourages participants to arrive at the clinic with the expectation that "Everyone has something to give. Everyone has something to gain" and b) helps teams identify what they can offer others and what they want to work on during the clinic.

2. Placards that list each team's and Resource Person's Successes & Conundrums are placed on tables to make navigating the Share Fair easy. You can spot from across a large room those tables you already know you want to visit, and you can use the placards to help you browse and chat informally as you move around the room.

3. The Successes & Conundrums, like Personal and Organizational Biographies, help

Kerri Traynor from the Colorado Alliance for Environmental Education consults with Evelyn Morgan from the Kentucky Association for Environmental Education while other participants fill out their Dance Cards during the Share Fair at the 1999 National Leadership Clinic (Albuquerque).

participants strike up conversations with one another throughout the clinic and decide whom to solicit one-on-one appointments with using Dance Cards.

TIPS

✓ Limit the number of Successes & Conundrums submitted to three. This limit compels participants to select only the most important items and minimizes editing when transferring the information to the Successes & Conundrums placards for the Share Fair.

✓ When possible, include the Successes & Conundrums in a pre-clinic mailing to help participants prepare for the clinic. If this is not possible, include the Successes & Conundrums in the Tools Pack and your clinic website, if one is developed.

✓ Place a placard on each Share Fair table listing that team or Resource Person's Successes & Conundrums. The placards should be approximately 24" by 33" to allow participants to view them from a distance. Portable cardboard flipcharts designed to sit on tables can be used to prop up the placards. The flipcharts also can be used during Team Planning Sessions and Open Space for recording notes. These flipcharts are low cost and can be purchased at most office supply stores.

MINNESOTA TEAM'S SUCCESSES & CONUNDRUMS

1998 National Leadership Clinic (San Diego)

Successes

◈ Produced the document *The GreenPrint: A State Plan for Environmental Education*

◈ Created partnerships among governmental agencies, businesses and non-profit organizations

◈ Built regional structure for delivering environmental education

Conundrums

◈ Developing professional standards for environmental educators

◈ Successful long-term strategic planning

◈ Transitioning the Environmental Education Association of Minnesota from a volunteer organization to one with paid staff

TEAM PROGRESS WORKSHEETS

Team Progress Worksheets are simple forms that prompt and guide teams during Team Planning Sessions.

Team Progress Worksheets help teams use their Team Planning Sessions effectively. Each Team Progress Worksheet corresponds to a Team Planning Session and prompts teams to:

- ❖ *Reflect* on prior clinic activities.

- ❖ *Progress* on team goals.

- ❖ *Prepare* for subsequent clinic activities.

- ❖ *Record* accomplishments and questions resulting from that Team Planning Session.

Additionally, the Team Progress Worksheet that corresponds to the first Team Planning Session asks teams for their Goals for the Clinic. The Team Progress Worksheet accompanying the final Team Planning Session asks teams for their draft Action Plan.

Teams complete and post their Team Progress Worksheets on the Team Progress Mural located on one wall in a central location following each Team Planning Session. The Mural is a "work in progress," giving participants a chance to see, on a daily basis, what teams are working on and wondering about as the clinic progresses.

TIPS

✓ Include the Team Progress Worksheets in the Tools Pack, and familiarize participants with the Worksheets and the Team Progress Mural during Orientation.

✓ Design the Team Progress Worksheets so that they are simple and flexible yet provide sufficient guidance. Teams will value Worksheets that provide structure without too many instructions or questions.

✓ Use a different color for the Team Progress Worksheet accompanying each Team Planning Session to help teams easily identify one Worksheet from another.

✓ Encourage teams to post their Team Progress Worksheets on the Mural following each and every Team Planning Session so that the posted information is up-to-date and provides formative data on team progress.

✓ Place sticky notes and pens at the Mural so that participants can respond to one another's Team Progress Worksheets by writing and affixing notes.

✓ If the teams participating in your clinic are large, you may want to consider having teams break into sub-teams that meet separately for some of the Team Planning Sessions. This will influence the design of your Team Progress Worksheets.

✓ Typically, clinic planners keep the worksheets as a record of clinic results. As teams also will want copies of their Worksheets, provide them with carbon paper or make a copy of their Worksheets before posting on the Team Progress Mural. Alternatively, clinic planners or team members can record the Worksheets onto a computer file and print copies.

ASK YOURSELF

? What are each Team Planning Session's objectives? What do we want teams to accomplish?

? What happens prior to each Team Planning Session? What do teams need to reflect on?

? What will happen following each Team Planning Session? What do teams need to prepare for?

? How will teams get copies of their worksheets for use after the clinic?

APPENDICES

Team Progress Worksheets (1999 National Leadership Clinic, Albuquerque)

SITE MAP

A Site Map of all session meeting locations helps participants quickly locate clinic activities and one another's teams.

The Site Map is an important tool for large clinics with many teams. The Site Map indicates the locations of meeting rooms used during the clinic as well as each team's location for its Team Planning Sessions. Knowing where each team is working during its Team Planning Sessions helps clinic planners, Resource People, Facilitators and other teams find one another for appointments and to deliver messages.

TIPS

✓ Select a clinic site that provides a sufficient number of comfortable locations for teams to meet. Keep in mind that participants find it more pleasant, and thus are more productive, if they work in rooms or seating areas that are:

  ◈ An appropriate scale for their teams' size.

  ◈ Well-lit, preferably with natural light.

  ◈ Comfortable with padded seating such as chairs with cushions or couches.

  ◈ Safe places for teams to leave their materials and flipchart paper between Team Planning Sessions.

✓ In warm weather, consider attractive outdoor seating areas such as poolside.

✓ Request a Site Map from facility staff so that you don't have to create one yourself. Identify in advance the locations where each team will meet during its Team Planning Sessions and note these locations on the Site Map.

✓ Include the Site Map in the Tools Pack and familiarize participants with the map during Registration and Orientation.

✓ Remind teams to inform a clinic planner if they change locations, or post a master map in the main meeting room on which teams indicate location changes.

ASK YOURSELF

? What information should the Site Map include to help participants navigate the clinic site?

TECHNOLOGY ISSUES AND OPPORTUNITIES

Electronic technology, when used thoughtfully, can promote communication, widen the circle of participants, and link participants to resources.

You can use electronic technology to support a participant-driven clinic design. Electronic technology has been used at past clinics in three primary ways: to support pre-clinic communication and deliver post-clinic follow-up; to increase the size of teams; and to link participants to resources. Your goal in using technology should be to fuel or enhance the human interactions that are key to your clinic's success, not simply to make use of new technology. Electronic technology, including laptop computers, a server, websites and email, can be used effectively when it supports clinic activities and is driven by participant interest.

If you decide there is a good match between the clinic's goals and the use of electronic technology, then embrace the possibilities. Electronic technology can expand the walls of the clinic experience if you take care to include participants who lack either access or skills to use these relatively new tools. A good rule of thumb is to develop tools and opportunities that are simple and accessible to those with limited experience in this area.

HOW CAN ELECTRONIC TECHNOLOGY SUPPORT A CLINIC?

We have used electronic technologies in a variety of ways to:

◈ **Expand Communication:** Use of the Internet for websites, listserves and email can help you communicate with other clinic planners and participants before, during and after the clinic. Laptop computers can help capture written notes from various sessions for use during and after the clinic.

◈ **Increase Team Size:** The Electronic Virtual Clinic, using Internet and email technology, can help teams involve participants who cannot attend the clinic in person.

◈ **Connect Participants to Internet Resources:** Cyber Café or Cyber Cinema can showcase Internet resources and enable participants to search for and locate information needed during and following the clinic.

Whatever your goals for use of electronic technology in your clinic, keep it simple so as not to create barriers for those not comfortable with the technology. Don't try to do everything, and keep the following tips in mind.

TIPS

✓ Before committing to its use, determine whether or not the funds and technical support for the technology is available.

✓ Check cost and availability of Internet (phone line) access at the clinic site to make sure it is not too limited, costly or unavailable at crucial times.

✓ Make sure the electronic technologies you use enhance the personal interactions that are key to clinic success.

✓ Consider alternative methods for accomplishing your communications needs and have a backup plan in place for those who need it. For example, if key information is provided only online, some participants may not have access to it.

✓ Assess participants' electronic technology knowledge and skills, and plan accordingly. Your audience may have a wide range of comfort levels with electronic technology.

TECHNOLOGY ISSUES TO CONSIDER

◈ Electronic technology, including the Internet, can be intimidating to many adults.

◈ Use of technology at your clinic should serve the needs of your participants, not the other way around.

◈ Additional advance preparation is needed if your clinic activities will rely on technology that some or all participants are not familiar with.

◈ Advance planning is also needed if you are using technology to help clinic planners and participants prepare for the clinic.

ASK YOURSELF

? Can we enhance the clinic by using electronic technology? How?

? What is the appropriate level of technology for our clinic? What should we use? What should we avoid using?

INTERNET COMMUNICATION TECHNOLOGY

Internet technology can greatly expand communication and information sharing among clinic planners and participants before, during and after the event.

Internet technology can be used before, during and after the clinic to improve communication among clinic planners and participants. Prior to the clinic, Internet technology can be used to distribute information to participants and to solicit participant input. During the clinic, its use can enable participants to communicate with colleagues not attending the clinic and help capture and distribute notes from clinic sessions. Following the clinic, Internet technology can be used to solicit and post evaluation data and to publish proceedings online. Components of a successful Internet communications strategy can include email, online discussion groups, a clinic website, online participant surveys, and session note taking on laptop computers.

USE OF INTERNET ONLINE TOOLS TO ENHANCE COMMUNICATION

PRIOR TO THE CLINIC:

❖ **Online Interactive Community:** Online interactive tools can enable your planning committee to communicate by group email and capture a written log of all messages. Messages can be shared in listserve fashion among the clinic planners, and discussion can be ongoing. Regular meetings or conference calls are complemented by online discussion groups that allow clinic planners to update one another on action item progress, gather input for the next meeting's agenda, "talk" through key ideas, or pose new questions. Meeting notes, agendas and other documents may be posted on these online discussion sites. One provider that can support clinics with Internet services is EdGateway at http://www.edgateway.net/ee/. Private and public groups are available free of charge.

❖ **Website:** A clinic website enables clinic planners to share information with participants prior to the clinic. Clinic planners might, for example, encourage teams to preview clinic objectives, the agenda, Professional Development Workshop proposals, and Personal and Organizational Biographies online before arriving at the clinic. Use of a website reduces printing costs and helps participants plan ahead.

◈ **Linking Interactive Communities with Website:** By coupling a website with an interactive community, you can provide participants with pre-clinic information as well as capture a participant email list and create clinic discussion groups for individual and team participants. Once participants visit the website, you can utilize a group email list or listserve to send periodic email updates to participants during the weeks leading up to the clinic.

AT THE CLINIC:

◈ **Electronic Virtual Clinic:** Individuals not attending the clinic can communicate with on-site team members using Internet and email technology. You will need a portable Internet server connected to a set of networked laptop computers to support the Electronic Virtual Clinic. Several technology vendors and non-profit organizations can provide this equipment. For example, the WestEd Eisenhower Regional Consortium for Math and Science Education has a set of 12 wireless laptop computers and servers that can be set up so that each computer accesses the Internet independently.

◈ **Note taking:** Laptop computers can be used to capture key ideas during Open Space, Professional Development Workshops, Heads Together and other clinic sessions. These documents can be transferred immediately to the clinic website or posted to all clinic participants via Internet discussion groups or email announcements. Participants might supply personal laptop computers if a portable computer network is not available.

◈ **Internet Training Sessions:** Several participants at once can access and train in the use of Internet resources if a portable network like the one described above is available.

AFTER THE CLINIC:

◈ **Proceedings:** The website and email announcement tools can be used to post session notes and other proceedings for use by participants and others following the clinic. Documents can be distributed as email attachments or PDF files on the website for downloading. PDF files allow large files to be shared without burdening email systems.

◈ **Evaluation:** Clinic evaluation surveys can be distributed and returned rapidly via email or a website and help avoid costly photocopying and mailing expenses.

◈ **Debriefing:** Clinic planners can use an Internet discussion group to debrief from the clinic and share lessons learned. These messages are logged and can be reviewed when planning future clinics.

TIPS

✓ To ensure consistent, regular pre- and post-clinic communication between the planning committee and participants, designate one planning committee member to post electronic announcements.

✓ Use rich text format when sending email attachments to ensure that all participants can open the files.

✓ Consider alternative methods to the Internet for communicating, and have a backup plan in place for those who need it. Be prepared to mail or fax information to those who do not have email.

✓ Enlist Team Liaisons and/or Virtual Clinic Coordinators to help participants visit and sign up on the clinic website or Internet discussion groups both before and during the clinic.

✓ Set up the computer network in a central location at the clinic so that all participants have easy access to the Internet.

✓ Designate one person on-site to coordinate note taking and uploading data to the website throughout the clinic. Each team's Virtual Clinic Coordinator should be responsible for uploading clinic updates and downloading messages from at-home teammates.

ASK YOURSELF

? What Internet tools can assist the clinic planning process?

? What Internet tools can we use to make pre- and post-clinic communication between the planning committee and participants more effective and interactive?

? Who is responsible for our electronic communications before, during and after the clinic? Who will distribute electronic announcements? Who will host and update the website?

? What information should we make available before, during and after the clinic using Internet tools?

? How do we communicate effectively with those who lack Internet access?

ADDITIONAL RESOURCES

NEEAP Website at http://www.uwsp.edu/neeap/

EdGateway staff at the WestEd Eisenhower Regional Consortium for Math and Science Education at help@edgateway.net.

ELECTRONIC VIRTUAL CLINIC

Internet technology can widen the circle of clinic participants.

The Electronic Virtual Clinic enables teams to involve more team members in the clinic than can be accommodated on-site. Individuals not attending the clinic can communicate with on-site team members using Internet technology. For example, at-home team members can contribute to Team Planning Sessions and receive updates throughout the clinic via email. As a result, on-site teams members are better able to implement Action Plans following the event because colleagues back home already have taken part in action planning.

"It was powerful to see team members at home responding to notes and having a real voice in action planning by participating online." Joy Wochenske, Resource Person, 1999 National Leadership Clinic, Albuquerque

HOW DOES THE ELECTRONIC VIRTUAL CLINIC WORK?

Prior to the clinic, teams are invited to participate in the Electronic Virtual Clinic. Teams that take part select a Virtual Clinic Coordinator and recruit at-home team members. Clinic planners use the "Internet and You" survey to gather information about team members' computer access and experience with the Internet and email in order to tailor the Electronic Virtual Clinic to participants' needs. An online discussion group is created for each participating team so that team members can begin using the group email feature.

During the clinic, each team's Virtual Clinic Coordinator and other on-site team members log onto their group site during Write Home sessions. They send emails to at-home teammates summarizing the results of Team Planning Sessions, including the Accomplishments and Questions recorded on their Team Progress Worksheets. On-site teammates also can provide updates on the Share Fair, Open Space, Heads Together and other clinic activities to their at-home colleagues. At-home team members check email regularly, respond to team questions and provide information, ideas or questions of their own.

After the clinic, each team's Internet group site can be used to report on the team's clinic experience and to continue discussing implementation of the Action Plan. We also recommend you survey both on-site and at-home team members to assess their level of satisfaction with the Electronic Virtual Clinic and to identify possible improvements.

"I appreciated being part of the clinic via this means and felt I could have input on some key issues, plus remain enthusiastic about what the team was doing." Anonymous At-Home Team Member, 1999 National Leadership Clinic, Albuquerque

WHAT DOES THE ELECTRONIC VIRTUAL CLINIC REQUIRE?

◈ Self-selection by teams ready and willing to expand their team and commit to Internet reporting duties before, during and after the clinic.

◈ Identification of a Virtual Clinic Coordinator on each team who is comfortable using email and Internet technology and who serves as the key contact for fellow team members. This individual recruits and trains at-home team members and ensures that team progress is reported via email to at-home participants during the clinic.

◈ A cadre of at-home team members who participate in pre-clinic meetings and discussions with their team, and who respond to updates and questions posted by on-site team members during the clinic. Since the number of team members who can attend the clinic may be limited, at-home team members potentially can make up the majority of the team.

Participants at the 1998 National Leadership Clinic (San Diego) use laptop computers to communicate with colleagues back home.

◈ A portable Internet server connected to a set of networked laptop computers to enable several individuals to access the Internet independently.

◈ Online discussion groups that allow team members to send and receive messages to one another. Messages are logged on the site to form a record of the discussions.

◈ Scheduled Write Home sessions throughout the clinic that provide Virtual Clinic Coordinators with dedicated computer time to share information with at-home teammates and that let at-home participants know when to anticipate messages.

TIPS

✓ Hold an orientation for Virtual Clinic Coordinators early in the clinic and a couple of Check-ins throughout the clinic. Strike a balance between supporting the coordinators without taking up too much of their time.

✓ Before deciding to implement an Electronic Virtual Clinic, determine whether or not your agenda can accommodate time for Write Home Sessions and Virtual Clinic Coordinator check-ins.

✓ Determine whether the clinic site has modem capability for Internet connections and sufficient electricity to support several laptop computers.

✓ The key to teams benefiting from the Electronic Virtual Clinic is a committed group of at-home teammates. Encourage face-to-face recruiting of at-home participants by Virtual Clinic Coordinators to promote understanding of the process and increase interactions among at-home and on-site team members.

✓ Develop a Write Home schedule for Virtual Clinic Coordinators and at-home team members so that everyone knows when to expect email messages throughout the clinic.

ASK YOURSELF

? Would teams benefit from increased participation by colleagues from home?

? How do we provide opportunities for colleagues at home to participate in the clinic with their teams?

? Can we make Team Planning Sessions interactive with at-home team members? How?

? How do we prepare team participants to fully utilize the Electronic Virtual Clinic?

? How do Electronic Virtual Clinic on-site team members balance their time and energy to avoid the possibility of either too little or too much communication with their at-home teammates?

"This was a wonderful addition! It allowed more people to be part of the decision making processes." Anonymous At-Home Team Member, 1999 National Leadership Clinic, Albuquerque

CLINIC SNAPSHOT

Colorado Leads the Way

The idea for the Electronic Virtual Clinic grew out of the experiences of the Colorado team at the 1998 National Leadership Clinic (San Diego). Colorado Team Liaison Mike Way created a discussion group on the EdGateway website and used it during the clinic to send updates to state environmental education association board members who were not attending the clinic.

Based on the benefits to the Colorado team, an Electronic Virtual Clinic was piloted at the 1999 National Leadership Clinic (Albuquerque). Thirteen teams volunteered to participate and signed up a total of 195 at-home participants. Over 260 messages were exchanged between at-home and on-site teammates. Many teams continued their online discussions following the clinic and referred to the message log for reports. The California team reported that one Electronic Virtual Clinic message from an at-home teammate changed the course of a Team Planning Session.

ADDITIONAL RESOURCES

EdGateway staff at the WestEd Eisenhower Regional Consortium for Math and Science Education at help@edgateway.net

APPENDICES

Electronic Virtual Clinic: Intent to Participate Form (1999 National Leadership Clinic, Albuquerque)

Electronic Virtual Clinic: *Internet and You* Survey (1999 National Leadership Clinic, Albuquerque)

Electronic Virtual Clinic: Virtual Clinic Coordinator Post-Clinic Survey (1999 National Leadership Clinic, Albuquerque)

Electronic Virtual Clinic: At-Home Participant Post-Clinic Survey (1999 National Leadership Clinic, Albuquerque)

CYBER CAFÉ & CYBER CINEMA

Showcasing Internet resources through informal events like Cyber Café and Cyber Cinema enables participants to access online information during the clinic.

A Cyber Café or Cyber Cinema event held during the clinic familiarizes participants with useful Internet resources and information. Individuals can visit websites on their own during Cyber Café or attend Cyber Cinema website demonstrations. The Internet resources you decide to feature will depend on your clinic's focus. For example, our clinics have used Cyber Café or Cyber Cinema events to highlight environmental education Internet resources such as EdGateway, EE Link, Barter Network, Eisenhower National Clearinghouse, USEPA's Office of Environmental Education and team sponsored websites.

Resource Person Michelle Kirk invites participants at the 2000 Regional Leadership Clinic (Nebraska) to a Cyber Cinema feature of the Barter Network, an electronic tool to help

HOW DOES CYBER CAFÉ WORK?

During Cyber Café, participants visit featured websites and search the Internet for information and resources in a fun, informal setting. Laptop computers are stationed around a room that is arranged like a cozy coffeehouse so that participants can seat themselves and explore the Internet on their own or in small groups. Resource People and team members familiar with the featured websites are encouraged to mingle and assist other participants as needed.

To hold a Cyber Café, you will need a portable Internet server connected to networked laptop computers. For example, the WestEd Eisenhower Regional Consortium for Math and Science Education has 12 wireless laptop computers and servers that can be set up so that each computer accesses the Internet independently. You can make the Cyber Café look and feel like a coffeehouse by working with facility staff to arrange the room with special lighting, couches, tables, decorations and coffeehouse-style refreshments.

HOW DOES CYBER CINEMA WORK?

Cyber Cinema involves converting one or more rooms to "movie theaters" in which participants view demonstrations of select websites. Demonstrations can include brief overviews and time for discussion, questions and answers.

To hold a Cyber Cinema, you will need a laptop computer, LCD projector, screen and Internet access (dedicated phone line) for each Cyber Cinema site. You can make the Cyber Cinema look and feel like a movie theater by working with facility staff to arrange the room with movie posters and other decorations, special lighting, comfortable seating, and theater-style refreshments such as popcorn.

TIPS

✓ Determine whether or not you have the funding and technical resources to support the use of laptop computers and a server.

✓ Check cost and availability of Internet (phone line) access at the clinic site to make sure it is not too limited, costly or unavailable at crucial times.

✓ Make sure the electronic technologies you use enhance the personal interactions that are key to clinic success.

✓ Assess participants' electronic technology knowledge and skills and plan accordingly. Your audience may have a wide range of comfort levels with electronic technology.

✓ A few movie or coffeehouse props, desserts, popcorn and costumes can add a festive and social air to Cyber Café or Cyber Cinema events.

ASK YOURSELF

? Are there Internet sites we want to feature during the clinic? Which sites?

? What is the best method for featuring these sites?

? How does Cyber Café or Cyber Cinema fit in with our clinic's overall objectives and clinic schedule?

ADDITIONAL RESOURCES

EdGateway staff at the WestEd Eisenhower Regional Consortium for Math and Science Education at help@edgateway.net.

EVALUATION

[HOW WELL IS IT WORKING?]

S E C T I O N S :

Daily Check-ins

Participant Observer Interviews

Plus-Minus-Change Chart

I Commit

Team Portfolios

Evaluation Forms

Evaluation is Key

Evaluation is key to helping you design and improve your clinic. Clinic planners have used several formative (feedback used during the clinic) and summative (feedback used following the clinic) evaluation tools described in the following six sections.

Keep in mind that the success of your clinic begins with the development of clear, achievable and measurable objectives. Developing such objectives is hard work to be certain. However, it is effort worth making at the beginning of your planning process. See the section "Measurable Objectives" in Chapter 3: Leadership Clinic Planning to find out more about crafting measurable objectives for your clinic.

DAILY CHECK-INS

Daily Check-ins provide regular feedback on how the clinic is working.

How is the clinic going? What are teams experiencing? What do Facilitators and Resource People see happening? Daily Check-ins are led by the Lead Facilitator or Clinic Coordinator to provide participants with regular opportunities throughout the clinic to get information and answers to their questions. Check-ins also enable clinic planners to identify and act on any needed changes or improvements.

You may want to hold one Check-in per day for all Team Liaisons, Resource People and Facilitators if your clinic is small. However, because their responsibilities are so different, we recommend having these three distinct groups meet at separate daily Check-ins:

◈ Team Liaisons (also attended by Facilitators)

◈ Facilitators

◈ Resource People

WHAT HAPPENS AT TEAM LIAISON CHECK-INS?

Each team sends a liaison to Check-ins to get information and ask questions on behalf of the team. We recommend that Facilitators also attend Team Liaison Check-ins as observers to gauge emerging issues and teams' facilitation needs.

Arrange chairs in a circle. Make a break in the circle for two easels with flip charts, where the Lead Facilitator and recorders stand. Begin the Check-in with a welcome and ask Team Liaisons to respond individually to one or more of the following questions:

◈ How are you feeling? (responses limited to two words)

◈ How is it going for your team? (responses limited to three words)

◈ My team is hoping/feeling: _____ (responses limited to two or three words)

Record each person's two or three word responses on a flip chart for the whole group to see. It's remarkable to note changes in responses throughout the clinic. At the first Check-in, participants often say things like "tired, overwhelmed, excited." By the second day, well into the swing of the clinic, they typically say, "empowered, lots to do, moving forward." Once comments are captured, summarize what is happening that day and answer questions. Also use this time to provide updates, review the day's schedule and address "housekeeping" needs.

"As the Lead Facilitator, I found Check-ins to be an invaluable way to connect with teams and find out how the clinic was meeting or could better meet their needs." Marcia Siam Wiley, Lead Facilitator, 1998 and 1999 National Leadership Clinics, San Diego and Albuquerque.

WHAT HAPPENS AT FACILITATOR OR RESOURCE PEOPLE CHECK-INS?

Check-ins for Facilitators and Resource People provide another layer of feedback. If you hold separate Check-ins, you may want the Lead Facilitator to lead the Facilitator Check-in, and the Clinic Coordinator to lead the Resource People Check-in to spread out the responsibilities. Using a go-round format similar to the Team Liaison Check-in, ask people to answer questions such as:

◈ How are you feeling? (responses limited to two words)

◈ Are there any special situations we should all be aware of?

◈ Are there any emerging logistics or support needs?

◈ How are teams progressing?

◈ What are you seeing and hearing at the clinic?

◈ What is working well? What is not working well? What changes or improvements are needed? The Plus-Minus-Change Chart is another way to capture this information.

Once comments are captured, summarize what is happening that day and answer questions. Also use this time to provide updates, review the day's schedule and address "housekeeping" needs.

TIPS

✓ Keep Check-ins brief. Allot no more than 30 minutes for the Team Liaison Check-in and 45 minutes for the Facilitator and Resource People Check-ins.

✓ Schedule Check-ins for the same room and time each day. Early morning is ideal for Team Liaison Check-ins because everyone is focused on preparing for that day's activities. Afternoons work well for Facilitator and Resource People Check-ins because their awareness of issues and questions are heightened from the day's activities.

✓ Start and end Check-ins on time so you don't reduce time for other clinic activities.

✓ Let teams decide whom to send to Team Liaison Check-ins. Some teams will send the same person each time while others will rotate the position.

✓ Convey the purpose and importance of Check-ins during the Whole Group Orientation and Team Liaison Orientation.

✓ Make Check-ins fun and painless. Begin with a quick icebreaker, a relevant cartoon on an overhead, a joke, door prizes, or anything that helps participants enjoy themselves.

✓ Follow up immediately on anything arising during Check-ins that requires action. Report on follow-up at subsequent Check-ins.

✓ Don't schedule Facilitator or Resource Person Check-ins during Team Liaison Check-ins or Team Planning Sessions when teams need their Facilitators and may have scheduled appointments with Resource People.

ASK YOURSELF

? What information do we need to convey and solicit at Check-ins?

? How will the information gathered at Check-ins be used? Who will transcribe notes?

? How much time do we need for our Check-ins?

? When is the best time to schedule Check-ins?

? How can we keep the Check-ins upbeat and informative while beginning and ending on time?

PARTICIPANT OBSERVER INTERVIEWS

"Pay attention to the questions you need to ask; not the answers you want to hear."
Leonard Hirsh

An outside evaluator or individual gathers candid input from participants by conducting short interviews during breaks, meals and other down times. The input is formative, enabling clinic planners to make adjustments during the clinic, and can be used anecdotally in reports and articles following the clinic.

An outside evaluator from Western Michigan University's Evaluation Center conducted random in-person interviews with team members and Resource People during the 1998 and 1999 National Leadership Clinics (San Diego, Albuquerque). These interviews included questions about the participants' sense of the value of the clinic, aspects they found particularly helpful, and recommendations for improvement.   Following the clinic, the evaluators prepared a narrative report based on participants' feedback that was helpful to clinic planners and the funding agency.   The value of this approach is that the evaluator can interact with participants and clarify their input or ask follow-up questions resulting in a more in-depth and candid responses than other evaluation methods.

Another approach for gathering participant input during a clinic is to conduct interviews for a radio show, newspaper or newsletter article or other media outlet. The Director of the San Francisco Bay Area Science Interchange-Earth News Radio program worked with the staff of WestEd Regional Education Laboratory to create a website for online radio interviews at the 1999 National Leadership Clinic (Albuquerque). This reporter and assistant "Roving Reporters" identified team participants and Resource People to interview. The interviews were then edited, placed on the website for those unable to attend the clinic, and later aired on the radio show. The interviews provided an immediate audio record of participants' response to the clinic and provided stories about the work and contributions of those who attended. Interviews can remain on a website indefinitely as a record of the clinic.

TIPS

✓ Hold interviews during breaks, meals or other down times during the clinic so as not to interrupt the clinic program.

✓ Have the individuals conducting interviews be other than those on the clinic planning committee in order to get candid input.

✓ Editing radio interviews takes considerable time. Keep interviews short and prepare focused questions to cut down on editing time.

✓ Make sure you involve people with reporting and communications backgrounds as well as those with the technical expertise to set up your website, record comments properly, and upload audio files onto the site.

✓ Make sure a clinic "official" (a planner, staff member or other leader) reviews stories before uploading them on your website.

ASK YOURSELF

❓ Do we have the funds or a contact at a reputable evaluation center or program that could conduct the interviews?

❓ Have we provided suggestions to the evaluator for questions that can be asked of various participants (team members, Resource People, Facilitators, sponsors, clinic planners)?

❓ Who will be able to serve as a clinic reporter? How will we recruit volunteers to learn from and assist the reporter?

❓ What coordination is needed to ensure that the interviewers' activities are complimentary to the overall clinic program? What assistance will they need from clinic planners?

PLUS-MINUS-CHANGE CHART

"We want to have certainties and no doubts, results and no experiments, without even seeing that certainties arise only through doubt and results only through experiments." Carl Jung

The Plus-Minus-Change Chart is a versatile, quick way to get detailed participant feedback on small and large group processes and tools.

Meeting evaluation forms often consist of standard questions with a range of predetermined choices. In contrast, a Plus-Minus-Change Chart is an open-ended evaluation tool that asks participants to identify in their own words what did and did not work well, and what improvements are needed. This tool has produced many thoughtful suggestions that resulted in improvements in clinic design.

WHAT DOES THE PLUS-MINUS-CHANGE CHART LOOK LIKE?

The chart is a simple grid:

Items to evaluate	**+** What worked well?	**-** What didn't work well?	**▲** What improvements do you suggest?
[Item]			
[Item]			
[Item]			
Other			

When choosing items in the left column to be evaluated, you may:

Option 1: Preprint items in the left "Item" column that you want feedback on.

Option 2: Leave the left "Item" column blank. Provide participants with a list of clinic processes and tools that you want feedback on and ask participants to choose and comment on any of the items they wish to address.

WHEN MIGHT THE PLUS-MINUS-CHANGE CHART BE USED?

◈ During the clinic to get quick feedback from participants on how a particular activity is going. It is especially useful when you sense things are not going well for participants and want quick feedback on what is and is not working for them.

◈ At the end of the clinic as the primary evaluation tool.

◈ At the end of the clinic as part of a traditional evaluation form.

The Lead Facilitator explains the chart, provides sample responses, checks for understanding, answers questions, and notes where to hand in completed charts. Participants will need a minimum of 15-20 minutes to complete the chart.

TIPS

✓ Ask all participants, including team members, Resource People, Facilitators and clinic planners, to complete the chart to get a wide range of comments from a wide range of participants.

✓ Include "Other" in the "Items to Evaluate" column so that participants can comment on additional aspects of the clinic.

✓ Allow enough time and space on the page for participants to comment in detail.

✓ Don't include items that may be covered by other surveys or evaluation forms. For example, the hotel or conference center's standard evaluation form might already ask for feedback on the facility.

✓ For more detailed feedback, arrange participants in small groups to share their feedback and come up with additional insights and recommendations using the Plus-Minus-Change Chart.

ASK YOURSELF

? What clinic elements—small and large group processes, tools and activities— do we want feedback on?

? When will participants complete the chart?

? Is the form clear? Will participants know what they are being asked to do? Is there sufficient space for participants to write detailed comments?

"I COMMIT"

Asking each participant to identify and commit to action items results in greater participant follow-up and generates a list of clinic results.

The networking and action taking spawned by your clinic will continue long after the event itself is over. "I Commit" is simply a "to do" list that each participant drafts containing the follow-up steps he plans to take once he returns home. For team participants, the "I Commit" lists are related primarily to implementing team Action Plans. Asking participants to draft an "I Commit" list at the close of the clinic not only helps participants clarify, record and remember their individual action items, it also generates evaluation data about your clinic's results and ends the clinic on an action-oriented note.

CLINIC SNAPSHOT

"I Commit" Mailer: A Gentle Reminder
2000 Regional Leadership Clinic (Nebraska)

Participants recorded their "I Commit" lists on forms they addressed to themselves. Clinic planners collected and mailed these forms three months following the clinic to remind participants of their self-identified commitments.

TIPS

✓ Take time at the end of the clinic when all participants are together, such as during the Whole Group Closing, for participants to identify their "I Commit" lists.

✓ Decide in advance whether you want the "I Commit" lists to serve solely as participants' individual "to do" lists or whether you also want to use the information to help you evaluate clinic results. If you plan to use the "I Commit" lists for evaluation data, you will need to collect the information from participants.

✓ If you want to remind participants of their "I Commit" lists, consider having participants record their action items on self-mailers and return these to participants via mail several weeks or months following the clinic.

✓ Ask participants to pair up with others with similar "I Commit" lists. Pairs and small groups can discuss their planned actions and how to help each other achieve these. Ask for volunteers to call out their actions to give the whole group a sense of the steps that will be taken following the clinic.

ASK YOURSELF

? How will participants identify and remember the action items they plan to take following the clinic?

? How will we collect the actions and results generated by the "I Commit" lists?

CLINIC SNAPSHOT

"I Commit" to Clinic Follow-up
1999 National Leadership Clinic (Albuquerque)

Participants wrote "I Commit" lists during the Closing. They then located others with similar commitments to exchange ideas, phone numbers and email addresses. Participants promised to check in with one another several weeks after the clinic to see how things were going and to provide support. Participants' "I Commit" lists included: "create a listserve"; "present ideas to the state environmental education association's board of directors"; and "improve facilitation skills."

Two Resource People from the United States Environmental Protection Agency, Kathleen MacKinnon and Stacey Benfer, show their "I Commit" lists at the 1998 National Leadership Clinic (San Diego).

APPENDICES

Commitment Form (2000 Regional Leadership Clinic, Nebraska)

TEAM PORTFOLIOS

Team Portfolios enable teams to track their own progress as well as collect and share the results of their work.

Team Portfolios double as both a clinic evaluation tool for clinic planners and a collection of materials that teams can use for a variety of purposes, including sharing clinic accomplishments with colleagues back home. Team Portfolios help clinic planners assess how well goals and objectives were met and provide each team with a packet of all their products and accomplishments to take home and implement.

WHAT SHOULD TEAM PORTFOLIOS CONTAIN?

Team Portfolio contents depend on your clinic design, including the processes and tools teams use and what teams are asked to accomplish during Team Planning Sessions. Here are items we asked teams at the 1999 National Leadership Clinic (Albuquerque) to include in their Team Portfolios:

- ◈   Master Dance Card

- ◈   Team Progress Worksheets

- ◈   Action Plan

- ◈   Hard copies of Electronic Virtual Clinic communication between at-home and on-site participants

- ◈   Products from Professional Development Workshops (optional)

- ◈   Stories, essays, poems, journal entries or drawings about the team's interactions, accomplishments and successes at the clinic (optional)

- ◈   Other materials the team deems important (optional)

Each team compiles copies of the work it generates during the clinic and turns in the Team Portfolio to clinic planners following the final Team Planning Session. Clinic planners make copies and return the material to the teams before the end of the clinic.

TIPS

✓ Keep portfolio instructions simple and include a checklist of items inside the portfolio itself. Ask teams to supply only those items that are useful for both the teams and clinic planners to have for evaluation and implementation purposes.

✓ Orient teams to the portfolio during the Whole Group Orientation.

ASK YOURSELF

? What products will teams produce at the clinic?

? What items will be useful for teams to share with others at home?

? What items will be useful for clinic planners to review and share with others?

EVALUATION FORMS

"Not everything that counts can be counted, and not everything that can be counted counts."
Albert Einstein

Evaluation forms provide useful data about participant satisfaction and how well the clinic met its measurable objectives.

Crafting evaluation forms is itself a science that includes attention to subtleties in wording, methods for pre-testing the instrument, and issues of validity and reliability. If you feel you lack the expertise, you may want to seek assistance in designing your evaluation forms from someone skilled in evaluation design. This section demonstrates that evaluation forms:

◈ are useful in participant-driven conference design, particularly in determining whether the individual clinic sessions and/or the overall clinic achieved its measurable objectives;

◈ can be used along with other evaluation tools, including those featured in this manual. The Plus-Minus-Change Chart and "I Commit" lists, for example, can be incorporated into evaluation forms.

HOW CAN EVALUATION FORMS MEASURE THE ACHIEVEMENT OF OBJECTIVES?

Following is an example of the evaluation questions created to supply data directly relevant to the measurable objectives of the 2000 Regional Leadership Clinic (Nebraska):

EVALUATION QUESTIONS AIMED AT MEASURING OBJECTIVES

Below are two sample goals, their accompanying measurable objectives and the evaluation questions used at the clinic to assess how well the objectives were met.

Clinic Goal: To improve networking and partnership building opportunities among environmental educators from the 4-state region.

Measurable Objective: Each participant will become acquainted with at least 3 new people from other state teams who can help with issues or projects that the participant is involved in.

Sample Evaluation Questions:

How many people from the other three state teams were you acquainted with well enough *prior to the clinic* to contact for assistance with some aspect of your work?

___ 0   ___ 1   ___ 2   ___ 3   ___ 4   ___ 5 or more

How many people from the other three state teams are you now acquainted with well enough to contact for assistance with some aspect of your work?

___ 0   ___ 1   ___ 2   ___ 3   ___ 4   ___ 5 or more

Clinic Goal: To provide leadership and organizational development training and networking opportunities to the participants.

Measurable Objective: Clinic participants will attend 3 professional development skill sessions and report how they will incorporate the skills in to their professional and volunteer activities.

Sample Evaluation Questions:

I will use ideas or information from this session.
___ 1 (Strongly Disagree)   ___2 (Disagree)   ___3 (Agree)   ___4 (Strongly Agree)

If you marked 3 (Agree) or 4 (Strongly Agree), please explain how you will use the ideas or information: _____
_____
_____

These were excerpted from the Clinic Evaluation Form from

the 2000 Regional Leadership Clinic (Nebraska).

TIPS

✓ Allow your clinic's measurable objectives to drive the design and wording of your evaluation forms. Make sure the questions you ask will generate the data needed to assess whether measurable objectives for individual clinic sessions or the overall clinic were achieved.

✓ Identify a time during your clinic to distribute and collect the evaluation forms that will generate a high rate of return. You are more likely to get a large portion of completed forms returned if you designate enough time during the Whole Group Closing for participants to finish and hand in their forms.

✓ You may want to design separate evaluation forms for some clinic sessions such as the Professional Development Workshops to evaluate how well the sessions met clinic planners' and participants' needs and expectations.

ASK YOURSELF

? What input and information do we want from our evaluation forms in order to gauge the success of the clinic and improve future clinics?

? Do we want quantitative or qualitative data or both?

? When will we give participants designated time to complete and hand in their evaluation forms?

APPENDICES

Evaluation Form (2000 Regional Leadership Clinic, Nebraska)

Measurable Objectives (1999 National Leadership Clinic, Albuquerque)

Measurable Objectives (2000 Regional Leadership Clinic, Nebraska)

Professional Development Workshop Evaluation Form (2000 Regional Leadership Clinic, Nebraska)

CHAPTER 3: LEADERSHIP CLINIC PLANNING
communication, logistics and follow-up

PLANNING YOUR CLINIC WITH CARE AND FLAIR

SECTIONS:

PLANNING YOUR CLINIC WITH CARE AND FLAIR

*"We never know how high we are
Til we are called to rise
And then, if we are true to plan
Our statures touch the sky."*
Emily Dickenson

The old adage "preparation is everything" certainly applies to leadership clinics. Your planning process will determine your clinic's tone, quality and culture. From the first steps you take to convene a planning committee to the final steps of post-clinic follow-up with participants, clinic planning is first and foremost an effort to build relationships and community.

The ideas presented in this chapter are not prescriptions. Just as no two clinics are alike, no two planning processes are alike. The planning of each national, regional and state clinic featured in this manual was unique to that clinic. Planning for your clinic will also evolve to suit the talents and needs of your clinic's planning committee and participants. Nevertheless, each clinic has built upon the lessons learned from prior clinics, and you can benefit from these lessons as well. We recommend that you keep the following planning steps and tips in mind.

PRE-CLINIC PLANNING: TIME FOR PLANNING IS TIME WELL SPENT

Allow yourself at least a year to plan a clinic that is more than 2 days in length. A well-organized clinic will take 12-18 months to plan. While you may need to adjust it to suit your clinic's realities, we recommend an 18-month timeline with the following steps and chronology:

CONVENE PLANNING COMMITTEE
The planning committee sets the tone, quality and culture of your clinic.

SELECT DATES AND SITE
The clinic's physical environment is important to participants' comfort and productivity. The site you choose should be a pleasant temporary home and workplace for participants.

DRAFT MEASURABLE OBJECTIVES
Measurable objectives are touchstones that help you make choices about the clinic agenda, focus your evaluation efforts and achieve your vision of a

DRAFT THE AGENDA AND FINALIZE SUBCOMMITTEE ASSIGNMENTS
A rough agenda created early in the planning process enables the planning committee to form subcommittees and generate assignments.

CREATE TIMELINE
A detailed timeline of committee and subcommittee tasks that is reviewed regularly helps clinic planning progress as scheduled.

COMMUNICATION WITH VISUAL PANACHE

From invitation to follow-up, communication with clinic participants should have a unified look, be easily recognized and convey your clinic's unique character.

Planning a well-organized clinic involves communicating with multiple audiences, including partner and funding organizations, team participants, Resource People and Facilitators. A unified look builds interest in and a unique identity for your clinic, and it helps participants recognize all materials associated with the event. Materials that can be enhanced by a unified look include registration materials, the clinic website, pre- and post-clinic mailings, thank you letters and envelopes, binders, folders and signs. Allow your clinic's theme to guide you and spark your creativity. Ideas are limitless and don't have to be expensive to be effective.

CLINIC SNAPSHOT

A Flair for Visual Communication
1999 State Leadership Clinic (Illinois)
The planning committee decided it needed an overall marketing theme to help it communicate with multiple audiences, including prospective participants, presenters and funders. Clinic planners found their inspiration in the fact that the year 2000 was approaching. They created a colorful logo and letterhead that referenced the upcoming year 2000, and they used these on applications, participant certificates, binders, nametags and correspondence. The logo and letterhead gave the clinic a unique look that told participants a mailing pertained to the clinic even before they opened the envelope or package. "Yes, all of this does take extra time, effort, and coordination" say clinic organizers, "but it is worth having a clinic that is perfect right down to the smallest details—details that participants do notice and appreciate!"

CONTINUE DESIGNING PROGRAM AND REFINING AGENDA

Participant-driven design principles and small and large group processes and tools are featured in the section Clinics Are Custom-Designed: What Will Yours Look Like? in Chapter 2 of this manual.

RECRUIT AND REGISTER PARTICIPANTS

Team recruitment and registration sets the stage for clinic planning and design since clinics function to serve teams.

SURVEY PARTICIPANTS

Opportunities for substantive participant input are key to planning a participant-driven event.

FINALIZE ARRANGEMENTS WITH RESOURCE PEOPLE AND FACILITATORS

Allowing Resource People and Facilitators to clarify their clinic roles and responsibilities during a pre-clinic conference call helps them prepare and reduces anxiety.

SEND 1ST PRE-CLINIC MAILING

Information provided to participants prior to the clinic helps them prepare for and get excited about the event.

SEND 2ND PRE-CLINIC MAILING

ON-SITE LOGISTICS

Meeting basic needs with creativity and flair helps participants feel welcome, comfortable and motivated.

Physical comfort is a pre-requisite to a good learning and working environment, and on-site logistics can "make it or break it." Planning the on-site site logistics for a participant-driven leadership clinic entails arranging meetings rooms, lodging, meals and travel so that participants' basic needs are met. Logistics done with creativity and flair also entails weaving a unified "look and feel" throughout the clinic materials and facilities, and reinforcing clinic themes through special touches. The extra care and thought your planning committee puts into logistics will inspire greater camaraderie among participants and make the event productive and memorable.

"The trick to thinking creatively about logistics is not to be afraid." Clinic Planners, 1999 State Leadership Clinic, Illinois

POST-CLINIC FOLLOW-UP

Decide in advance of the clinic what follow-up you plan to provide participants to sustain your clinic's momentum.

Teams attending the national, regional and state clinics featured in this manual each produced a Team Action Plan during the event. Action Plans are the "end products" teams create at clinics that assign responsibility and guide team efforts in the months and years ahead. Clarify how you will support participants' ongoing efforts to implement their Action Plans since sparking and sustaining individual and team action is key to your clinic's success.

A Note of Encouragement

Planning a participant-driven clinic is not easy. Neatly laid out timelines shift as deadlines approach. Communication can be time-consuming. Unexpected glitches with on-site logistics may require last minute problem solving. And post-clinic follow-up seems so far off with so much to do beforehand that you may wish you could just deal with it later. You will find, however, that the planning process gains a momentum of its own. Committee members and others you may not have anticipated will lend their talents and creativity. Together you will be able to tackle the unexpected and turn obstacles into opportunities. Together you will discover that planning the clinic is as challenging and satisfying as the event itself.

Enjoy!

PRE-CLINIC PLANNING
& COMMUNICATION

S E C T I O N S :

PLANNING COMMITTEE

The planning committee sets the tone, quality and culture of your clinic.

The planning committee is key to the success of your clinic. It is essential that you form and nurture a committee with the combination of skills, talents and enthusiasm needed to spark innovation, meet participants' needs and deliver a quality clinic.

WHAT ARE THE ROLES AND RESPONSIBILITIES OF COMMITTEE MEMBERS?

Clinic Coordinator: The Clinic Coordinator provides leadership to the planning committee. Responsibilities include arranging face-to-face meetings or telephone conference calls, preparing agendas, regularly providing committee members with positive feedback, and ensuring that clinic planning proceeds on schedule and at the highest level of quality possible. The coordinator role can be shared, but there must be excellent communication and synergy between the individuals involved. In the case of most of the clinics featured in this manual, the coordinator was paid by a sponsoring organization to serve in this capacity. If you can arrange for this staff support, it greatly facilitates the job of planning your clinic. However, it is possible for this role to be completed by a highly functioning volunteer team, as was the case for the 1999 State Leadership Clinic (Illinois).

Committee Members: All committee members must participate fully in the planning process, work on subcommittees and take responsibility for specific tasks. One way to increase participation is to rotate meeting facilitation responsibilities among committee members. Consider ways to help committee members feel that their time and talents were well used and that they benefited from the experience.

HOW SHOULD COMMITTEE MEMBERS BE SELECTED?

Consider the following when selecting committee members:

◈ **Committee Size:** Most clinic planning committees have consisted of 6-10 members. The planning committee should be small enough to accomplish work efficiently during face-to-face meetings, telephone conference calls and via email, but large enough to provide a variety of skills and experience.

◈ **Skills:** Committee members collectively should provide the following skills and experience:
   ✸ vision for and deep understanding of the clinic's purpose and participant-driven design
   ✸ conference planning & logistics
   ✸ design of small and large group processes
   ✸ learning theory
   ✸ team building
   ✸ action planning
   ✸ evaluation
   ✸ graphic design
   ✸ fundraising and budgeting for big events
   ✸ knowledge of the history, initiatives and trends in your field

◈ **Representation:** The planning committee should include the Clinic Coordinator, Lead Facilitator, representatives of key sponsor and funding organizations, and at least two individuals representing each participant group, such as team members, Resource People and Facilitators. The national clinic planning committees reflected this formula.

CLINIC SNAPSHOT

Planning Committees are Unique to Each Clinic

Although each of these planning committees was structured differently, all were manageable in size, comprised of people possessing multiple talents, and representative of the clinic's participants and supporting organizations.

◈ Planning committees for the 1998 and 1999 National Leadership Clinics (San Diego, Albuquerque) each included the Clinic Coordinator, Lead Facilitator, representatives of key sponsor and funding organizations, two team participants, two Resource People, and two Facilitators.

◈ The planning committee for the 2000 Regional Leadership Clinic (Nebraska) consisted of two representatives from each of the region's four states (Iowa, Kansas, Missouri, Nebraska), and one representative each from the three major funding and partner organizations: the U.S. Environmental Protection Agency Region 7, the National EE Advancement Project and the North American Association for Environmental Education.

◈ The planning committee for the 1999 State Leadership Clinic (Illinois) was made up of board members from the Illinois EE Advancement Consortium and the Illinois EE Association.

INITIAL COMMITTEE MEETINGS ARE CRITICAL

The first two planning committee meetings are critical. These meetings establish group protocol and a culture of collegiality, innovation and quality.

Suggested Tasks for the First Committee Meeting

◈ Ask each committee member to introduce herself and state how she hopes to contribute to and benefit from serving on the committee.

◈ Establish a rough timeline (you will need to create a more detailed timeline after you rough out the agenda).

◈ Review the clinic's purpose and goals.

◈ Solicit volunteers to draft measurable objectives for consideration at the second meeting.

◈ Solicit volunteers to draft the committee and subcommittee structure for consideration at the second meeting (you will need to finalize these subcommittee assignments after you rough out the agenda).

◈ Ask each team member to state how he thought the meeting went and what he agrees to complete for the next meeting.

Suggested Tasks for the Second Committee Meeting

◈ Finalize measurable objectives.

◈ Decide on a committee and subcommittee structure.

◈ Identify potential subcommittee assignments (you will need to finalize subcommittee assignments after you rough out the agenda).

◈ Ask each team member to state how she thought the meeting went and what she agrees to complete for the next meeting.

TIPS

✓ Form your clinic planning committee at least 18 months in advance if possible.

✓ Either raise funds to pay your Clinic Coordinator or make sure he is someone whose position is underwritten by a sponsoring organization. If you do not have access to these staff and organizational resources, ensure that your volunteer team is synergistic and coordinated.

✓ Invite representatives of each type of participant to serve on your planning committee, including team members, Resource People and Facilitators, to enable the committee to better serve and tap into the creativities and perspectives of different participant groups.

ASK YOURSELF

? What is the optimal size for our clinic's planning committee?

? How do we want to structure the committee, and what subcommittees do we need?

? What are the responsibilities and benefits of serving on the planning committee? How will we communicate these to prospective committee members?

? What skills do we want committee members to possess?

? What organizations need to be represented on the planning committee?

? What participant groups should we make sure are represented on the planning committee?

? Who will serve as Clinic Coordinator?

? What do we want the planning committee to accomplish during the first two meetings?

? What other planning objectives will the committee need to achieve?

SITE SELECTION

"Dwelling is not primarily inhabiting but taking care of and creating that space within which something comes into its own and flourishes." Martin Heidegger

The clinic's physical environment is important to participants' comfort and productivity. The site you choose should be a pleasant temporary home and workplace for participants.

The quality of the clinic's meeting, eating, gathering and sleeping environment is critical. By quality, we do not mean expensive. Rather, quality refers to surroundings that are conducive to the clinic's small and large group processes and to participants' ability to rest and regenerate while at the clinic. While hotel and conference center staff are familiar with traditional conferences, they most likely are not familiar with the clinic approach. It is important to select a site that can adapt to your clinic's needs and whose staff members are flexible and will work closely with you. The best service we received for a clinic was a hotel at which the majority of staff had been employed there for at least 15 years and where line staff regularly provided unsolicited positive comments about management.

SITE ATTRIBUTES

These site attributes can make a good clinic great, and their absence can make a great clinic mediocre.

- ❖ Access to the out-of-doors, such as outdoor seating areas, an outdoor pool, a park, or trails where participants can meet or take breaks.

- ❖ Meeting rooms that are well-lit with natural lighting and quality artificial lighting.

- ❖ Meeting rooms with controls for heating, lighting and equipment that are accessible to the clinic planners.

- ❖ Quality audio-visual equipment and site staff to set up and provide support, if needed, to operate the equipment.

- ❖ Comfortable chairs and tables.

- ❖ Quiet sleeping rooms with no more than two people assigned per room.

- ❖ Quality meal and snack service with food that is ample and fresh.

TIPS

✔ Conduct site visits to select a clinic location. Conference facilities typically will provide you with a complimentary room. During your visit:

   ◈ Use the *Site Visit Checklist* to help gather information.

   ◈ Bring a draft clinic agenda if available.

   ◈ Take photographs to remind you of site features to use later when deciding how to arrange and decorate rooms.

✔ Form a logistics subcommittee to work closely with site staff.

✔ Identify and deal directly with one key contact at your chosen site. Meet early with your site contact to communicate your clinic's unique approach.

✔ Make sure all details are covered in a signed contract.

ENVIRONMENTALLY FRIENDLY CONFERENCE FACILITIES

Many affordable conference facilities are environmentally designed and managed, feature healthful food and provide attractive meeting spaces and restful sleeping quarters with state of the art hook-ups for electronic equipment. These facilities often are located in beautiful settings and help guests feel well treated. Below are actual examples of environmentally friendly practices used by various conference facilities both to minimize environmental impacts and operate more cost effectively.

   ◈ Maintains the beauty and natural environment.
   Example: Landscaping makes use of plants native to the local area.

   ◈ Promotes energy efficiency and conservation.
   Examples: A control panel used in guestrooms has a button that, when voluntarily pressed by a hotel guest, steps up the thermostat by two degrees. Energy efficient lights can provide
   as much illumination as ordinary bulbs, yet consume less energy.

   ◈ Makes use of renewable energy sources.
   Example: Uses electric power generated by wind turbines or solar technology.

   ◈ Promotes water conservation.
   Examples: Provides guests who stay multiple nights with the opportunity to decline daily
   laundering of towels and linens. Taps and showerheads contain special aerators that increase the water's force and reduce outflow, saving water.

   ◈ Employs waste avoidance, separation and recycling practices.
   Example: Guests can put recyclable waste in special bins differentiated by stickers and placed in all rooms.

   ◈ Uses recycled-content products.
   Example: Garbage bags used throughout the facility are made from recycled plastic and plastic milk pouches.

MEASURABLE OBJECTIVES

Measurable objectives are touchstones that help you make choices about the clinic agenda, focus your evaluation efforts and achieve your vision of a successful clinic.

A set of realistic, collectively determined measurable objectives helps you achieve your vision of a successful clinic. Measurable objectives enable the planning committee to make consistent and informed decisions about the clinic agenda such as deciding which program elements to devote more time to or which ones to eliminate when time constraints force tough choices. Also, your clinic's evaluation design is more likely to generate useful data when you base it on measurable objectives.

Measurable objectives should be agreed upon by the whole planning committee but can be created by a subcommittee or by individual committee members who volunteer for the task. We recommend you solicit volunteers at your first planning committee meeting to draft the measurable objectives and then have the committee review and finalize these objectives at the second committee meeting.

STEPS TO DEVELOP MEASURABLE OBJECTIVES

We recommend the following steps to develop measurable objectives:

1. Provide committee members with examples from previous clinics.

2. Brainstorm ideas as a whole group during your first committee meeting or conference call.

3. Assign a subcommittee to draft a set of measurable objectives and submit the draft document in advance of your second meeting.

4. Discuss and finalize the measurable objectives at your second committee meeting.

5. Refer to the objectives to guide planning at both the subcommittee and central planning committee levels.

TIPS

✓ Refrain from the temptation to skip the step of setting measurable objectives even if it seems time-consuming or useless. Ultimately, measurable objectives will save you time and improve the quality of the clinic by providing clarity during decision-making.

✓ Review your measurable objectives regularly, particularly when making program decisions.

✓ Allow your clinic's measurable objectives to drive the evaluation design. Make sure your evaluation generates the data needed to assess which measurable objectives are achieved.

ASK YOURSELF

? Have we developed objectives that are realistic and can be measured accurately?

? How will we evaluate whether the clinic met its measurable objectives?

APPENDICES

Evaluation Form (2000 Regional Leadership Clinic, Nebraska)

Measurable Objectives (1999 National Leadership Clinic, Albuquerque)

Measurable Objectives (2000 Regional Leadership Clinic, Nebraska)

ROUGH AGENDA AND SUBCOMMITTEE ASSIGNMENTS

A rough agenda created early in the planning process enables the planning committee to form subcommittees and generate assignments.

A rough outline of the clinic agenda enables the planning committee to form subcommittees and select committee members to volunteer for subcommittee assignments. Begin roughing out an agenda after you have assembled your planning committee and established the clinic's purpose, goals and measurable objectives. A general rule of thumb is to create this draft agenda by the end of the third or fourth committee meeting or conference call.

STEPS TO ROUGH OUT AN AGENDA

We recommend these steps to rough out an agenda:

1. Determine how many productive program hours are available at your clinic using the formula:

    Total Hours - Off Time [sleeping time + meals + breaks + free time] = Program Hours

    Productive program hours at a 4-day clinic might be:

    96 hours - 56 hours [24 hours for sleeping + 12 hours for meals + 20 hours free time] = 40 hours

2. Discuss each program element you want to include in the clinic and why. Group processes used at past clinics are described in Chapter 2 *Leadership Clinic Design: Participants, Processes and Tools*. You may want to include other group processes you know of or you may want to design one of your own! Revisit your clinic's goals and measurable objectives to make sure the program elements support these objectives.

3. Assign an amount of time to each program element.

4. Agree on a basic chronological order for the program elements and have a committee member place these on a one-page layout for easy viewing. While the committee likely will move program elements around and change the amount of time allotted to many of them, it helps to start with a general layout. Expect the agenda to be revised and re-revised multiple times, particularly as you solicit participant input.

5. Finalize subcommittee assignments. Your rough agenda will determine what subcommittees you form. We recommend that you consider these subcommittees:

◈ **Clinic Coordinator:** Recruits and coordinates Resource People.

◈ **Lead Facilitator:** Recruits and coordinates Team and Floating Facilitators.

◈ **Mailings & Communications Subcommittee:** Drafts and mails all pre-clinic and post-clinic communications.

◈ **On-site Logistics Subcommittee:** Arranges site, meeting rooms, equipment, lodging, meals, travel and registration.

◈ **Program Subcommittee:** Organizes the program elements and accompanying tools, solicits participant input and finalizes the agenda. One or two subcommittee members take primary responsibility for each program element.

◈ **Internet Tools Subcommittee:** (optional) Arranges on-site computers and activities such as the Electronic Virtual Clinic, Cyber Café or Cyber Cinema.

◈ **Fundraising Subcommittee** (optional)

◈ **Entertainment & Speakers Subcommittee** (optional)

TIPS

✔ Review Chapter 2 *Leadership Clinic Design: Participants, Processes and Tools* to familiarize yourself with principles and suggestions for participant-driven design and to identify likely program elements for your clinic.

✔ Don't finalize your agenda too early. Remind yourself this is a rough agenda created prior to participant input. Revision is both exciting and necessary if you want to incorporate participant input and elevate the quality of your agenda.

ASK YOURSELF

? How many productive program hours are available during our clinic?

? What program elements further our measurable objectives and should be included in our rough agenda?

? Have we scheduled enough break time for participants to reflect on information and regenerate physically?

TIMELINE

A detailed timeline of committee and subcommittee tasks that is reviewed regularly helps clinic planning progress as scheduled.

Develop a detailed timeline once you finalize committee and subcommittee assignments. The Clinic Coordinator and a lead member of the logistics subcommittee in particular will want to work closely together to develop and regularly monitor the timeline. A well-organized, high quality clinic that involves a variety of activities and sessions requires 12-18 months to plan. Note that the more you involve participants in pre-clinic planning the more time you will need. We recommend a full year or more to plan a clinic that is more than 2 days in length.

TIPS

✓ Be realistic about the amount of time it will take to plan your clinic and allow yourself sufficient time

✓ Use the timeline in the *Planning Your Clinic with Care and Flair* section in Chapter 3 as a guide. We recommend that your timeline be even more detailed and include specific tasks for each subcommittee.

✓ Review and adjust the timeline at every meeting and conference call.

ASK YOURSELF

? What are the planning steps for our clinic?

? When should each of these planning steps take place?

? Who is responsible for each step?

TEAM RECRUITMENT AND REGISTRATION

Team recruitment and registration sets the stage for clinic planning and design since clinics function to serve teams.

How you recruit and register participants for your clinic depends on whether or not the teams you plan to assemble there are already formed and working together. Past clinics featured in this manual have recruited teams in different ways.

TEAMS COME IN ALL SHAPES AND SIZES

LEADERSHIP CLINICS	TEAM FORMATION, RECRUITMENT & REGISTRATION
1996-1999 National Leadership Clinics (Tomahawk, Potosi, San Diego, Albuquerque)	Twelve state teams were already formed and working together as part of the National EE Advancement Project's capacity building initiative. Additional teams from state and provincial affiliates of the North American Association for Environmental Education submitted applications to attend the clinic. Approximately 23 teams, each with 3-12 team members, attended each national clinic.
1999 State Leadership Clinic (Illinois)	Environmental education leaders in Illinois were asked to complete and return a questionnaire and were selected to attend the clinic based on their responses. Once at the clinic, individuals were grouped into five in-state regional teams and began networking and planning initiatives together.
2000 Regional Leadership Clinic (Nebraska)	The planning committee developed one *Invitation to Participate* that each of the four states used to recruit 20-person teams to attend the clinic. Each state's team included board members from the state environmental education association and invited stakeholders.
2000 State Leadership Clinic (Wisconsin)	The five participating community-level teams were formed and began working together when they joined the Community Outreach Project for Environmental Education (COPEE). Teams formed and began preparing for the clinic in advance.

INVITATION TO PARTICIPATE

Send an *Invitation to Participate* to key contacts, including targeted groups, organizations and individuals. The Invitation should include:

- Dates, location and site information
- Benefits to individuals and teams
- An application and set of guidelines
- A request for brief Biographies if you plan to distribute Personal and Organizational Biographies at the clinic
- Information about funding opportunities such as grants and scholarships

TIPS

Recruit participants and inform them of the clinic's dates and location as early as possible.

Develop a database of contact information for each team and its members at the beginning of your registration process.

ASK YOURSELF

Who are key contacts that can help us recruit participants?

What do we need from participants and what information should we convey to them?

APPENDICES

Invitation to Participate (2000 Regional Leadership Clinic, Nebraska)

PARTICIPANT INPUT

Opportunities for substantive participant input are key to planning a participant-driven event.

Participant input is essential to a successful clinic. Once participants are selected, survey them as early in the planning process as possible, and allow the survey results to drive the design of your agenda. This step is the third most important ingredient to holding a successful clinic, next to forming a dynamic planning committee and setting measurable objectives. Leadership clinics are first and foremost about recognizing participants as leaders and experts as well as learners. Since only a few participants can serve on the planning committee, you will want to provide others with opportunity for input.

IDENTIFYING PARTICIPANTS' SKILL AND KNOWLEDGE NEEDS

Surveying participants helps determine what skills and knowledge participants want to gain at the clinic. Here are four ways to survey participants about these skills and knowledge:

1. Teams submit their Successes & Conundrums, which help clinic planners gear the clinic to participants' needs and expertise.

2. Individual participants complete a brief survey about professional development interests and needs, expectations of the clinic, and logistical preferences and needs (i.e. food, lodging, physical considerations).

3. Participants select and prioritize from a list those skill and knowledge areas that they would like training on to assist clinic planners in choosing Professional Development Workshops. Space is provided for participants to identify any other needs not listed.

4. Participants select from proposals prepared by leaders of Professional Development Workshops. Participants will appreciate reading the proposals and selecting the Professional Development Workshops that will be most useful to themselves and their teams. If you are interested in this approach, you will need 18 months to plan your clinic because the following steps require additional time:

✹ Send a Workshop Solicitation Notice and Application to potential workshop leaders, including team participants, Resource People and Facilitators. Include in the request a set of guidelines to help individuals and teams who submit proposals design their workshops to fit the clinic theme, participant-driven design and teams' goals.

✹ Have the Team Liaison coordinate a "vote" by team members on the team's choice of workshops. Send copies of all proposals via mail or email to the Team Liaison, who in turn distributes these to other team members. Proposals also can be posted on a clinic website.

TIPS

✓ Solicit participant input as early in the planning process as possible.

✓ Keep the format and length of the Workshop Solicitation Notice and Application to 1-2 pages.

✓ Ask the Team Liaison from each team attending your clinic to coordinate the input of other team members regarding workshop preferences.

ASK YOURSELF

? How do we involve team participants in submitting and selecting the Professional Development Workshops?

? For what additional aspects of clinic planning do we want to solicit participant input?

? For what additional aspects of clinic planning will participants want to provide input?

? How do we best solicit participant input?

APPENDICES

Workshop Solicitation Notice and Application (1999 National Leadership Clinic, Albuquerque)

FINAL ARRANGEMENTS WITH RESOURCE PEOPLE & FACILITATORS

Allowing Resource People and Facilitators to clarify their clinic roles and responsibilities during a pre-clinic conference call helps them prepare and reduces anxiety.

Resource People and Facilitators appreciate the opportunity to participate in at least one conference call prior to the clinic to ask questions, review the clinic agenda, clarify their respective roles and address housekeeping issues such as travel information and equipment needs. This conference call also is an ideal time for those leading Professional Development Workshops to clarify how their sessions dovetail with the rest of the clinic and to provide one another with workshop design and facilitation feedback. The task of convening and facilitating the conference call can fall to both logistics and program subcommittee coordinators. Logistics subcommittee members should be on this call to address questions and needs.

SAMPLE AGENDA FOR CONFERENCE CALL WITH RESOURCE PEOPLE

We recommend these agenda items for a conference call with Resource People who are leading Professional Development Workshops.

- Welcome & Introductions
- Description of clinic agenda and where Professional Development Workshops occur in the schedule
- Description of each Professional Development Workshop by its workshop leader
- Questions and feedback for each workshop leader from other conference call participants
- Travel, lodging and other logistical updates

TIPS

✓ Limit the number of individuals on each conference call to six Resource People or Facilitators.

✓ Hold separate conference calls with the following groups to allow each group to spend sufficient time asking questions and discussing its own issues:

- ◈ Resource People leading Professional Development Workshops
- ◈ Resource People who will be on hand at the clinic as advisors, partner organization representatives, and/or to provide special activities and services such as Internet assistance
- ◈ Facilitators

ASK YOURSELF

? How will we prepare Resource People and Facilitators to understand their roles and how these fit into the overall clinic design?

? How will we ensure that the last minute questions and needs of Resource People and Facilitators are addressed?

PRE-CLINIC MAILINGS & COMMUNICATION

Information provided to participants prior to the clinic helps them prepare for and get excited about the event.

We recommend that you send one or two mailings with high quality materials prior to the clinic to help individuals and teams prepare for and get the most out of the resources available to them during the clinic.

FIRST PRE-CLINIC MAILING

Your first pre-clinic mailing to all participants should be sent at least three months prior to the clinic and include:

- **Letter or Memo**
- **Site Information**
- **Travel Information:** Includes information on travel reimbursement and ground transportation.
- **Local Area Information:** Familiarizes participants with the area's history, culture and attractions. This is particularly important if participants will go off-site for meals or have time to explore the local area.
- **Contact Information for Logistics Staff:** Lets participants know whom to contact for logistical questions.
- **A Request for Successes & Conundrums** (if these were not requested during the application or registration process)
- **A Request for Personal and Organizational Biographies** (if these were not requested during the application or registration process)
- **Agenda At-A-Glance:** A one-page, text-based agenda lists chronologically all session times, locations and titles.
- **Narrative Agenda:** A multi-page, text-based agenda with thorough descriptions of all sessions enables participants to read and learn about the clinic's upcoming small and large group processes.

SECOND PRE-CLINIC MAILING

Decide at least three months prior to the clinic whether a second pre-clinic mailing is necessary. We have found that contact with participants via email, fax or phone is useful, but a mailing is the most professional approach to making sure your participants are informed about and prepared for the clinic. Your second pre-clinic mailing should be sent approximately one month prior to the clinic and include:

- ◈ **Letter or Memo**

- ◈ **Up-to-date At-A-Glance Agenda and/or Narrative Agenda**

- ◈ **Personal and Organizational Biographies:** Brief biographical descriptions help participants get to know fellow clinic attendees better.

- ◈ **Successes & Conundrums:** Short lists of teams', Resource People's and Facilitators' successes (expertise and skills to share) and conundrums (challenges for which assistance is sought) enable participants to seek out and provide assistance to one another more readily.

- ◈ **Select Readings:** A few well-chosen readings sent to participants in advance can deepen their understanding of clinic themes and highlight ideas around which participants may dialogue with one another during the clinic.

CLINIC SNAPSHOT

Read All About It: Organizational Dynamics and Clinic Design
1998 National Leadership Clinic (San Diego)

A 3-page transcript of an interview with organizational development sage Margaret Wheatley, author of the book *Leadership and the New Science*, was mailed to participants in the second pre-clinic mailing. The reading helped the planning committee communicate the rationale behind the clinic's participant-driven design and stimulate conversation among participants about the relevance of the reading to participants' organizations back home.

TIPS

✓ Contact the area's Chamber of Commerce to request information such as restaurant lists, brochures and local maps.

✓ Look for 1-3 concise and preferably current readings that address directly your clinic's central issues and inspire and tantalize participants. Less is more. It is unlikely that most participants will read anything longer than three pages.

✓ Print each item in your mailing on a different colored sheet of paper. This simple trick adds visual appeal and helps participants readily refer to items.

✓ If you decide to use electronic technology, consider these tips:

◈ Use your clinic website, if you have one, to post pre-clinic information to reduce paper use and mailing costs.

◈ Designate one person to post electronic announcements to ensure consistent, regular communication between the planning committee and participants.

◈ Use rich text format when sending email attachments to ensure that all participants can open the files.

◈ Have a backup plan for those who need it. Some participants may not have access to information provided online.

ASK YOURSELF

? How can we make our mailings as useful, simple and attractive as possible?

? What essential information do we want to provide participants in pre-clinic mailings?

? What key ideas do we want participants to reflect on prior to the clinic?

? What readings will stimulate dialogue during the clinic?

? If you decide to use electronic technology, ask yourself:

◈ What electronic technology can we use to make pre-clinic communication between the planning committee and participants more effective and interactive?

◈ Who is responsible for our electronic communications? Who will distribute electronic announcements? Who will host and update the website?

◈ How do we communicate effectively with those who lack email or Internet access?

APPENDICES

Leadership and the New Science. Pre-clinic reading by Margaret Wheatley

ON-SITE LOGISTICS

MEETING ROOMS

"Don't be afraid to rearrange the furniture."
Clinic Planners, 1999 State Leadership Clinic, Illinois

The configuration and flexibility of meeting rooms will influence the clinic's mood and success.

Participants will spend large amounts of time in meeting rooms. Consider the quality of the meeting room environment when selecting your clinic site, and identify ways to boost comfort and visual appeal of meeting rooms when preparing the site for participants' arrival. Because your clinic program differs from the traditional conferences most facilities are familiar with, you will want to discuss with facility staff in advance how your participant-driven event flows from room to room and session to session.

"The effort of clinic organizers to create and foster a welcoming environment was really apparent. Even the large auditorium felt intimate, with the participant display areas and the beautiful artwork on the walls." Carey Levitt and Cynthia Staples, Resource People, 1999 National Leadership Clinic, Albuquerque

TIPS

✓ Make sure there is sufficient lighting, outlets and phone jacks. This is particularly important if you will have a bank of computers.

✓ Look for adjustable lighting that can change the mood of a room, from fluorescent lamps that are bright and convey there is work to be done, to softer dimmed lighting that creates a calm and relaxing appearance ideal for dinner and entertainment.

✓ Can you move the furniture? Are there enough tables and chairs available?

✓ Can you hang things on the walls? How can you secure them (tape, Velcro, push pins)? This is important for you to know and communicate to others at the clinic. Damage to walls can be expensive to repair, and many facilities will not allow tape or pins.

✔ Can a large room be divided into smaller rooms? Ask if there are additional fees for having the room dividers drawn more than once.

✔ In addition to meeting rooms, identify Team Planning Session locations in advance of the clinic.

✔ Reserve rooms round-the-clock if you are planning to keep items in the rooms overnight. Make sure those who need it have access to these rooms.

✔ If using a portable network of computers, make sure you can store them in a locked room overnight.

CLINIC SNAPSHOT

Wall Hangings That Decorate and Inform

Large murals or wall hangings can boost the mood of a room and the entire event. Two oversized wall hangings were used at the 1998 and 1999 National Leadership Clinics (San Diego, Albuquerque): a colorful, graphic agenda to orient participants to the clinic schedule, and a Team Progress Mural that displayed what teams were accomplishing during the clinic. The 1999 State Leadership Clinic (Illinois) used these ideas along with a banner stating the clinic's goal: "To identify, develop and enhance environmental education leadership in Illinois to achieve the goals of statewide environmental literacy." These visual aids were hung during the entire clinic to serve as references and create visual appeal.

ASK YOURSELF

? Are the meeting rooms and Team Planning Session areas conducive to our clinic program?

? How can we make the rooms visually appealing and reinforce our clinic's themes?

APPENDICES

Site Visit Checklist

LODGING

"No day is so bad that it cannot be improved with a nap." Carrie Snow

Sufficient, comfortable sleeping rooms for all clinic participants at one facility helps build community.

Although participants may not spend much time sleeping or sitting in their rooms, comfortable sleeping rooms will help participants be alert and productive throughout the clinic. It is preferable for all participants to lodge at the same facility rather than at different locations to increase informal interaction among participants and foster a sense of community.

TIPS

✓ Consider the quality of the sleeping rooms and the importance of all participants being able to reserve rooms at the same facility when selecting a site.

✓ Obtain a map from the clinic site with the types, location and sizes of sleeping rooms.

✓ Determine whether it is easier for participants to reserve their own sleeping rooms or for the logistics committee to reserve rooms on participants' behalf.

✓ If you reserve sleeping rooms on participants' behalf, request in advance participants' needs and preferences regarding handicap accessible rooms, number of occupants per room and smoking or non-smoking rooms.

✓ Establish a direct billing account with the site if participants' lodging will be paid for by a single entity. Clarify, with facility staff and participants, who will pay for incidentals such as telephone calls and room service.

APPENDICES

Site Visit Checklist

TRAVEL

Special touches ease the strains of travel.

Travel can be tiring and stressful. Oftentimes getting to or from a clinic is made difficult by circumstances beyond participants' or clinic planners' control. There is little you can do about poor weather, highway traffic delays, airline flight cancellations or the many other circumstances that can complicate travel to and from your clinic. Nevertheless, there are some steps that can help participants arrive feeling more relaxed, welcome and ready to work.

CLINIC SNAPSHOT

Members Only?

1997 National Leadership Clinic (Potosi)

The logistics subcommittee for the 1997 National Leadership Clinic (Potosi) received special permission from Trans World Airlines (TWA) for clinic participants to use a lounge usually reserved only for frequent flyer members. On the clinic arrival date, two members of the logistics subcommittee met participants at the St. Louis Lambert Airport and directed them to the TWA lounge to rest until the shuttle arrived to transport participants to the clinic site.

TIPS

✓ If participants are flying and you are paying for participants' travel, establish an account with a travel agent so that you receive a group discount. Have the travel agent send you the itineraries directly.

✓ If you are reimbursing participants for travel, explain the reimbursement process to participants in advance, and advise them to keep their receipts.

✓ Provide participants with shuttle information if necessary.

✓ If you plan to shuttle participants, have all itineraries sent to you at least two weeks
  prior to the event so that you can devise a pick-up schedule.

✓ A welcoming committee for participants arriving at the airport, bus or train terminal
  is a nice gesture, even if you are not providing a shuttle service.

✓ Alert those who need to be at the Clinic Rehearsal well in advance of making
  travel plans. The logistics subcommittee should confirm that travel arrangements
  will get Rehearsal participants to this meeting on time.

ASK YOURSELF

? What can we do to make travel easier for participants?

MEALS

"Never underestimate the power of food to bring people together and get work accomplished."
Iowa County Soil and Water Conservation Extension Agent

Meals are opportunities for communion and celebration.

Have you ever been chatting with your tablemates while eating a delicious banquet meal and been interrupted by loudspeakers? You crane your neck with a full mouth to see the speaker while guiltily continuing your conversation in whispers and cautiously trying not to make clanking noises with your utensils.

Too often conference planners use the following logic: Since folks are already together and are a captive audience when eating, why not use this chance to deliver the keynote address, present awards and give the announcements? This "multi-tasking" approach toward meals comes at the expense of vital opportunities for participants to socialize, network and share ideas and issues that have emerged during the clinic, not to mention good digestion!

Consider making meals at your clinic special. Mealtime is not an inconvenience that takes up valuable time in the agenda. Rather, it is an opportunity for participants to commune with one another and for you to reinforce the themes of your clinic. There are a variety of ways to make mealtime special, even celebratory. Arrange for background music that doesn't interfere with conversation. Provide table decorations that relate to the theme of the clinic, the meal or a mood you are trying to convey; centerpieces do not have to cost much to be appealing and memorable.

Most importantly, allow participants simply to eat and enjoy one another's company without imposing additional tasks on them. You may be surprised at how much "work" gets accomplished during mealtime as a result.

TIPS

✓ Good food is an important consideration when selecting your clinic site. If the site provides meals, sample the food and ask for and contact one or more references for an opinion.

✓ If the clinic site does not provide a caterer, choose a caterer that has a well-established working relationship with the site. However, we recommend that, if possible, you avoid the complications of hiring a caterer and instead locate a site with quality food service.

✓ Provide meals on-site when you want to keep your group focused on the clinic program or have limited time between activities.

✓ An evening in which participants are free to go to nearby restaurants gives everyone a chance to sample the local food and culture, get a welcome break from the intensity of the clinic and can be a cost-cutting strategy if your event has a limited budget.

✓ Frequent breaks with good food allow participants time to talk with one another, synthesize information and revitalize themselves for upcoming sessions.

✓ Ask participants about dietary needs and preferences prior to the clinic (e.g. vegetarian, kosher, diabetic). Label dishes that correlate to known dietary preferences.

✓ Provide a variety of foods at every meal. Buffets are an effective way to do this. Variety is both nourishing and helps participants find something to suit their individual palates.

✓ Create table decorations that relate to the clinic theme or to a mood you are trying to convey. Centerpieces do not have to cost much. At the 1999 State Leadership Clinic (Illinois), "success flags" gave the clinic a polished and fun look and recognized participants' accomplishments.

✓ Identify a main contact for meals and breaks, and secure a signed contract.

ASK YOURSELF

? What can we do or not do at mealtimes to reinforce our clinic's sense of community and theme?

? What mood do we want to create at each meal?

? What will happen both prior and subsequent to each meal that may influence people's appetites and moods?

? When can we schedule breaks to give participants time to talk with one another, synthesize information and revitalize themselves for upcoming sessions?

APPENDICES

Site Visit Checklist

ON-SITE REGISTRATION

An attractively presented and smoothly run registration is an ideal way to welcome participants to your event.

Registration is a participant's first on-site opportunity to see that your clinic is both dynamic and well organized. The first impression participants have of the registration area is its appearance. Consider ways to make the area visually stimulating with more than just a table and a person sitting behind it.

Participants' second impression is of the registration process itself. To ensure that this process is efficient, consider designating "stations" for each of the items you wish your participants to pick up, drop off or take a look at. Here is an example of registration stations:

Station 1:   Get clinic materials (such as a Tools Pack & Resources Binder)

                     Verify and edit contact information

                     Get nametag

Station 2:   Pay for registration and any other items (i.e. entertainment)

Station 3:   Sign up for field trips

Station 4:   Sign-up for workshops (if required in advance)

Station 5:   Drop off Silent Auction item

TIPS

✓ Make your registration area visually stimulating.

✓ Designate stations for each of the items you want to give to or get from your participants during registration.

✓ Use easy-to-read signs to help your participants navigate the registration process.

✓ Have at least one person with a good understanding of the clinic stationed at a designated table to answer participants' questions.

✓ Consider asking a local participating team or contact person to assist you in recruiting local volunteers to help at registration.

ASK YOURSELF

? How can we make the registration area visually appealing?

? What do we need to provide to and get from participants during registration?

? How can we make the registration process hassle-free?

CLINIC SNAPSHOT

Making First Impressions
1999 State Leadership Clinic (Illinois)

Clinic Planners set up registration just inside the entranceway in the main lobby of the hotel. Participants had no difficulty finding where to sign in after they were greeted by two smiling Clinic Co-Coordinators and a sturdy 6′ x 7′ backdrop. The backdrop sported a large "Welcome" and an even larger graphic of the State of Illinois formed by five foam-core pieces shaped like Illinois' five regions. Nametags were pinned to the backdrop near the region that each participant represented. This created a visual backdrop for the registration area, kept nametags off the registration table for a cleaner look, and most importantly, allowed participants to see who was attending the clinic from which region. This large Illinois graphic later served as a backdrop for regional receptions, report-outs by in-state regional teams, and the clinic's "official" group photograph!

Registration table at the 1999 State Leadership Clinic (Illinois) with map of Illinois divided into five regions.

EQUIPMENT & SUPPLIES

Arranging needed equipment and supplies in advance contributes to a well-organized clinic.

It is important for the logistics and program subcommittees to work together to arrange equipment and supplies. Work through the agenda chronologically to identify equipment and supply needs, and request equipment and supply preferences from individuals responsible for each clinic activity. Supplies such as signs and nametags can be prepared in advance and can reinforce your clinic's themes.

SIGNS COMMUNICATE A WEALTH OF INFORMATION

Signs convey your clinic's culture and important information about clinic activities. Participants will appreciate signs that help them navigate the clinic facility and make good use of clinic processes and tools. Planning committee members responsible for signs should work closely with other clinic planners to determine what signs are needed throughout the clinic. Examples of signs you may need to create are:

- Welcome
- Mural-sized Graphic Flow Agenda
- Team Planning Session Areas
- Open Space Community Bulletin Board
- Share Fair Successes & Conundrums Placards

- Registration
- Team Progress Mural
- Silent Auction
- Sponsor List
- Skit props for Whole Group Orientation

TIPS

✓ Identify an area on-site that clinic planners can use as their "office away from home" that includes phone, fax, photocopying and computer services. Often, site staff will provide you with a complimentary room that can be set up as an "office" for the clinic planners.

✓ Arrange for an area to store materials and equipment prior to and during the clinic. Most hotel and conference sites allow you to add a room for this purpose at no additional charge.

✓ Make sure you have access to storage rooms when you need them. If you plan to keep items in the rooms overnight, make sure your rooms are reserved round-the-clock.

✓ Contact local vendors and shop for competitive prices if the clinic site does not have needed equipment and supplies. Once you have selected a vendor, set up an account to track billing procedures and stay within the budget.

✓ Locate a nearby office supply store in case of last minute "emergencies."

✓ Obtain a map of the meeting rooms that includes information on lighting, outlets and phone jacks to help you plan for audiovisual equipment needs.

✓ Make sure equipment brought by clinic planners and participants are labeled to minimize mix-ups when cleaning and packing up.

✓ If you need access to the Internet, make sure your site has outside lines designated for this purpose. Take care of these details as early as possible.

✓ Review your agenda to see when and where your equipment needs are. For example, you can avoid renting another overhead projector and screen if you move one between two rooms.

✓ Incorporate your clinic's logo and other visual elements into signs.

✓ Remember to make nametags for volunteers.

✓ Consider making nametags distinct using different colors or stickers to help participants identify Facilitators, Resource People, clinic planners and volunteers.

CLINIC SNAPSHOT

Nametags as Networking Tools
1999 State Leadership Clinic (Illinois)

Nametags doubled as invitations to an evening social that served as the kick-off to other regional meetings during the clinic. A list of other clinic attendees from the participant's same region was printed inside each nametag to help participants meet one another.

ASK YOURSELF

? What equipment and supplies, including signs, are needed for each clinic activity, from Registration to Closing?

? How can signs be visually stimulating and reinforce our clinic's themes?

? What additional purposes can nametags serve?

? How can nametags reinforce our clinic's themes and be visually appealing?

SILENT AUCTION

A Silent Auction is an enjoyable way to raise additional funds.

A Silent Auction held during your leadership clinic is a great way to raise additional funds for the event, an organization or some other purpose such as evening entertainment. A Silent Auction includes a designated area to display donated items from participants, planners, sponsors or volunteers. Each item, or group of items, has a suggested bid price, and participants are encouraged to write bids on the bid sheets. Once bidding time ends, the last person to make a bid becomes the proud owner of that auction item. Successful bidders pick up and pay for their items immediately after the Silent Auction closes.

SUPPLIES NEEDED

Use this checklist to help you prepare for a Silent Auction at your clinic:

- ❑ Room with tables
- ❑ Coat Rack and hangers for shirts
- ❑ Note cards and pens
- ❑ Tape (plenty)
- ❑ Markers
- ❑ Bid Sheets
- ❑ Receipt book and change
- ❑ Signs:
    - ○ Silent Auction
    - ○ Hours for Bidding and Item Pick-up Times
    - ○ Instructions
    - ○ Make Checks Payable to…
    - ○ Proceeds of Auction go to…

TIPS

✓ Place several small items together for one bid.

✓ Use a $1 minimum increase in bids.

✓ Have those donating auction items fill out bid cards at registration when they deposit their items.

✓ Ask participants, planners, sponsors and volunteers to donate an auction item that is significant to the field, their culture, origin or local area.

✓ Notify participants of the Silent Auction prior to the clinic so that they bring an item to donate and sufficient funds to make bids.

✓ Secure a room (24 hours) for the duration of the auction.

✓ Designate a final bid time, pick-up time and area.

ASK YOURSELF

? What might a Silent Auction help us raise money for?

? How do we encourage participants to donate items?

? How do we keep participants interested in the Silent Auction for the duration of the clinic?

? Are there other fundraising methods that are more suitable at our event?

RECOGNITION, CELEBRATION & ENTERTAINMENT

"Working happier accomplishes much more than working harder."
Sarah Ban Breathnach

If it's worth planning and participating, it's worth celebrating!

Go the extra mile to show your participants that what they accomplish at the clinic is worth celebrating! Recognizing and celebrating participants' accomplishments is an extra boost that helps "keep the ball rolling" once participants return home. Be sure to recognize the efforts of clinic sponsors, planners and volunteers as well. Recognition can and should happen in a variety of ways, including verbal acknowledgement at the Whole Group Closing and visual credit on websites, signs and in thank-you letters or cards. You can also show appreciation by providing live entertainment to conclude your event. This is a wonderful opportunity for participants to let their hair down and enjoy each other's company.

CLINIC SNAPSHOT

Last Minute Celebration that Lasts
1998 National Leadership Clinic (San Diego)

Sometimes the best celebrations are spontaneous. Puerto Rico team members asked on the final day of clinic to perform a ceremony native to their culture. The ritual is still remembered by participants as especially moving. "I appreciated the celebration that the Puerto Rico team shared with us," said Nancy Piraino, a Wisconsin team member.

Puerto Rico team member Miriam Velazquez shares a ritual with fellow clinic attendees at the 1998 National Leadership Clinic (San Diego).

"The warmth they spread from person to person in such a short time was wonderful and an essential part of what should happen when people come together."

CLINIC SNAPSHOT

Survival Made Easy

1999 State Leadership Clinic (Illinois)

The logistics subcommittee developed a "Leadership Clinic Survival Kit" containing freebies from sponsors that were identified as tools to help participants survive the clinic. For example, a tackle box from an outdoor supply store was identified as a tool to help participants "lure funders" to their causes. In addition to recognizing sponsors, the kit added humor and demonstrated that the organizers had given thought to participants' needs.

TIPS

✓ Arrange a few special touches to help participants feel valued and appreciated.

- ◈ Take a group photograph and send a copy to each participant following the clinic.

- ◈ Create attractive certificates suitable for framing to present at the end of the clinic or to send as a follow-up to participants.

- ◈ Mail letters of commendation to participants' supervisors to recognize participants' efforts and to inform others about your clinic.

- ◈ Develop a "survival kit" for participants using sponsors' products.

✓ Present a small gift or gift certificate to clinic planners, Resource People, Facilitators, volunteers and others who were instrumental to your clinic's success.

✓ Recognize sponsors in a variety of ways, such as printing their names and logos in program materials and on posters placed near Registration and/or the entrance of the main meeting room.

✓ If you plan to offer alcoholic beverages, make sure you know your funding organization's policies and follow site procedures. Signing a contract with the site is recommended. Some sites require you to hire their bartender, while others allow you to bring your own beverages.

CLINIC SNAPSHOT

Success Flags Wave

1999 State Leadership Clinic (Illinois)

The logistics subcommittee created "success flags" as table decorations that enlivened a ballroom while celebrating participants' accomplishments. To collect information for the success flags, clinic planners asked participants prior to the clinic: "We are very interested in celebrating successes! Would you please list some projects that you have undertaken successfully in the field of environmental education?" Responses were typed onto brightly colored pennant-shaped sheets of paper that were strung together and placed on banquet tables. This let participants see what others had accomplished and sparked conversations and ideas. After the banquet, the flags were hung for the remainder of the clinic and then mailed to participants.

Colorful success flags dress up banquet tables at the 1999 State Leadership Clinic (Illinois) and celebrate participants' accomplishments.

ASK YOURSELF

? What are we celebrating and how can we best convey the significance of the work that has been and will be done as a result of the clinic?

? How can we best thank each and every individual who contributed to the success of the clinic?

? Who deserves special recognition?

VOLUNTEERS

Clinic planners can attend to the "big picture" when volunteers take care of the clinic's important details.

Lining up volunteers prior to your clinic helps the event run smoothly. Decide in advance of the clinic how many volunteers you need and when you need them. Volunteers can be particularly helpful during clinic set-up, registration and take-down. Determine how you will recruit volunteers and what you can offer them in return for their services.

TIPS

✓ Designate a logistics subcommittee member to coordinate volunteer tasks.

✓ List tasks you need volunteer help on before, during and after the clinic. For example, tasks might include hanging and taking down banners, signs and maps, setting up the registration table, running last minute errands and mailing left-over materials home.

✓ Participants arriving early or staying late are ideal candidates to assist you with clinic set-up or take-down, as are members of any local organizations assisting with or sponsoring your clinic.

✓ Offer volunteers the opportunity to attend some or all of your clinic activities at no charge.

✓ Collect contact information and a list of each volunteer's duties so you can send a personalized thank you note following the clinic.

✓ Remember to make nametags for volunteers.

ASK YOURSELF

? What can we ask volunteers to help with?

? How will we interest folks in volunteering?

? How will we orient volunteers to the clinic?

POST-CLINIC
FOLLOW-UP

POST-CLINIC FOLLOW-UP

Post-clinic follow-up with participants maintains your clinic's momentum long after the event is over.

The clinic does not end once the last few participants check out and head home. Follow-up ensures that your clinic's momentum continues long after the event is over. Follow-up can take many forms, including post-clinic mailings, online discussion groups, an online system that enables participants to barter one another's expertise, follow-up meetings and future clinics. Regardless of how you go about follow-up, the purpose is the same: to continue supporting participants' professional growth and the implementation of their Team Action Plans.

FOLLOW-UP STRATEGIES

Consider whether the following strategies are useful to your clinic.

1. **Post-Clinic Mailing**

   A mailing to participants after the clinic might include some or all of the following items:

   ❏ Thank you note

   ❏ Notes and proceedings from clinic sessions

   ❏ Updated participant contact list

   ❏ An offer to send letters of thanks to supervisors for supporting participants' attendance

   ❏ Group photograph

   ❏ Attractive certificates suitable for framing

2. **Online Discussion Groups**

Online discussion groups can be used to support Team Action Plan implementation, host meetings, send communications, and continue discussions with other clinic participants. For example, EdGateway is a free communications website for educators and has an easy-to-use tool to establish online discussion groups. Messages can be shared and recorded for future reference, and you can share files, calendar events and information about yourself. To see how this type of system works, you may register at http://www.edgateway.net/ee/ and click on Create A Group. You can add participants by using the Manage Participant link on the new group site, or participants can join the group themselves by using the Subscribe button on the group site. Members of a discussion group typically need to be members of the service site, such as EdGateway.

3. **Barter Network**

Participants in the environmental education clinics featured in this manual have used an online Barter Network to exchange expertise and services. The Barter Network, a product of an Open Space session held at the 1998 National Leadership Clinic (San Diego), is an online tool and can be viewed at http://www.edgateway.net/eebarter/. Clinic teams and organizations can trade barter credits for the services of resource specialists to help implement the Action Plans developed at clinics.

4. **Follow-up Meetings and Clinics**

Follow-up may involve a meeting of clinic planners, Resource People, Facilitators and Team Liaisons that takes place a month or two following the clinic. A follow-up clinic planned one or two years after your first clinic is a good method for ensuring Action Plan implementation as well as ongoing support and team leadership development.

CLINIC SNAPSHOT

From Utah to Illinois: Clinic Colleagues Barter for More
1998 National Leadership Clinic (San Diego)

The Utah Society for Environmental Education (USEE) used the Barter Network to bring Nan Buckardt of the Illinois EE Advancement Consortium to Utah to facilitate the Tools for Nonformal Educators workshop after USEE members attended this same workshop at the 1998 National Leadership Clinic (San Diego). USEE's Tim Brown then earned barter credits when he traveled to Kentucky to share his fundraising expertise. Barter credits were transferred from Kentucky to Utah to Illinois, and all three organizations benefited from one another's expertise.

TIPS

✓ Make mailings a pleasure to receive by including touches such as handwritten personal notes, thank you cards, photographs and certificates.

✓ Introduce participants to the use of online discussion groups and The Barter Network during the clinic if you want participants to use these tools following the clinic.

✓ Provide information about follow-up meetings and clinics early-on, and get participant input prior to these follow-up activities.

ASK YOURSELF

[?] What information will participants benefit from following the clinic?

[?] How can we encourage and support participant interactions and Action Plan implementation following the clinic?

ADDITIONAL RESOURCES

The Barter Network http://www.edgateway.net/eebarter/

EdGateway staff at help@edgateway.net

ADAPTING THE MODEL

[STATE AND REGIONAL LEADERSHIP CLINICS]

S E C T I O N S :

ADAPTING THE MODEL
[TAKING LEADERSHIP CLINICS TO THE NEXT LEVEL]

One of the most valuable features of the leadership clinic design is its adaptability. After attending national leadership clinics, individuals began adapting the clinic design for their own use. Statewide clinics have been held in Illinois and Wisconsin. A network of environmental educators in Iowa, Kansas, Missouri, and Nebraska organized a four-state regional clinic. And regional clinics have also taken place in the Central Southwest and in the Rocky Mountain states. These state and regional clinics have added new small and large group processes and tools to clinic design, and planning is underway for additional clinics. With each new clinic, the design continues to evolve.

CASE STUDIES: ADAPTING LEADERSHIP CLINICS TO THE STATE AND REGIONAL LEVEL

Presented here are three case studies that illustrate how the leadership clinic approach can be adapted to the state or regional level.

1. **Building In-State Regional Networks: 1999 State Leadership Clinic (Illinois)**

   Members of two environmental education organizations in Illinois decided, after attending the first national leadership clinic in Tomahawk in 1996, to organize a statewide clinic. The clinic built and strengthened 10-member teams of environmental educators from each of Illinois' five regions.

CASE STUDY OUTLINE

Each case study contains the following information:

◈ **Contributions to Clinic Design:** What contributions did the clinic make to the overall design of leadership clinics?

◈ **Planning Committee Structure and Planning Process:** How was the clinic's planning committee structured, and what planning steps were taken?

◈ **Lessons Learned:** What lessons did clinic planners learn from organizing the clinic?

◈ **Clinic Results:** What resulted from the clinic?

◈ **Sample Agenda:** What took place at the clinic?

2. **Local Teams Tackle Local Needs: 2000 State Leadership Clinic (Wisconsin)**

   Five community-based teams from Eau Claire, Green Bay, Madison, Oshkosh and
   Waukesha convened at a statewide clinic in Wisconsin to develop Action Plans to
   increase support for environmental education in their communities.

3. **Widening the Circle with 20-Member Teams: 2000 Regional Leadership
   Clinic (Nebrask**a)

   This four-state regional clinic was modeled after national clinics with the difference that
   four 20-person teams attended the clinic, one each from the four states in the U.S.
   Environmental Protection Agency's Region 7 (Iowa, Kansas, Missouri and Nebraska).
   This large team approach enables more individuals per team to participate, and teams
   are able to progress on several goals at once.

NO TWO CLINICS ARE ALIKE

You will discover when reading these state and regional clinic case studies that no two clinics
are alike. Each event's participants, planning committee and planning process is unique. Each
event is a new opportunity to adapt the clinic's small and large group processes and tools or to
create new ones.

Our purpose in presenting these case studies is not to suggest that you plan your event
to look exactly like the clinics featured here. In fact, we recommend you don't! Rather, our
purpose is to demonstrate the flexibility of the clinic design and to help your event benefit from
the creativity and the lessons learned at prior clinics. Our hope is that your work will in turn
contribute more ideas and momentum to the design of participant-driven events that rejuvenate,
inspire and propel us to think and act in new and more effective ways.

BUILDING IN-STATE REGIONAL NETWORKS

[1999 STATE LEADERSHIP CLINIC (ILLINOIS)]

CLINIC STATS

Clinic Type: Statewide leadership clinic with in-state regional teams

Location: Eagle Creek Resort, Eagle Creek, Illinois

Dates: November 8-10, 1999

Attendees:

- ❖ 60 participants
- ❖ Five 10-person teams (one from each of the state's five regions)
- ❖ 10 Resource People

Clinic Design Innovations:

- ❖ Participation by five 10-person in-state regional teams
- ❖ Emphasis on creating a special look for clinic materials and the physical settings
- ❖ New program elements: Project Share, Cyber Café, Lunch with Leaders

Could the national leadership clinic design be used at the state level? Members of both the Illinois Environmental Education Advancement Consortium (IEEAC) and the Environmental Education Association of Illinois (EEAI) believed it could. They decided, after attending the first national leadership clinic in Tomahawk in 1996, to organize a state level clinic to build and strengthen teams of environmental educators from each of Illinois' five regions.

CONTRIBUTIONS TO CLINIC DESIGN

Here is how the planning committee designed its clinic to strengthen the state's regional environmental education structure:

❖ **Team Recruitment and Registration to Strengthen In-State Regional Teams**

Clinic planners wanted to strengthen the capacity of each of Illinois' five regions to deliver environmental education by building participants' knowledge and leadership skills and enabling them to meet and work with others from the same region. The clinic's geographic approach mirrored, and thus reinforced, the EEAI's in-state regional structure.

The planning committee mailed a questionnaire to environmental educators throughout Illinois and used their responses to select ten clinic participants from each of the five regions. Once at the clinic, participants joined their in-state regional teams during the Team Planning Sessions entitled "Regional Breakouts."

❖ **Logistics Receive Special Attention**

The planning committee worked hard to arrange logistics in order to:

1. Create a unified professional look for the clinic that fueled interest in the event and recognition of clinic materials.

2. Communicate the clinic's purpose and program through visual means.

3. Help participants feel welcome, comfortable and valued.

Specific logistics strategies used were:

☀ **Marketing theme:** Clinic planners used a colorful logo and letterhead on applications, certificates, binders, nametags and clinic correspondence. This gave the clinic a unique look that helped participants recognize a clinic mailing even before opening the envelope.

☀ **Registration:** Behind the registration area, located inside the hotel's main lobby, stood a sturdy 6′ x 7′ backdrop sporting a large Illinois graphic formed by five foam-core pieces shaped like the state's five regions. Each nametag was pinned to the backdrop near that participant's region. This created a visual backdrop for the registration area, kept nametags off the registration table for a cleaner look, and most importantly, allowed participants to see who was attending the clinic from which region.

☀ **Nametags:** Nametags doubled as invitations to an evening social that served as the kick-off to the regional Team Planning Sessions. A list of other clinic attendees from the participant's same region was printed inside each nametag to help participants locate one another.

* **Survival Kit:** A kit containing freebies from sponsors were labeled as tools to help participants survive the clinic. For example, included in each survival kit was a tackle box to help participants "lure funders" to their causes. The tackle boxes were donated to the clinic by an outdoor supply store that served as a clinic sponsor. The kit acknowledged sponsors, added humor and demonstrated thoughtfulness to participants' needs.

* **Success Flags:** Table decorations celebrated participants' accomplishments submitted to clinic planners prior to the clinic. These were typed onto brightly colored pennant-shaped sheets of paper that were strung together and placed on banquet tables. This let participants see one another's accomplishments and sparked conversations and ideas. After the banquet, the flags were hung for the remainder of the clinic and then mailed to participants.

A kit containing freebies from sponsors were labeled as tools to help participants "survive" the clinic.

* **Wall Murals:** Clinic planners hung several murals: a colorful, Graphic Flow Agenda to orient participants to the clinic schedule; a Team Progress Mural that displayed teams' accomplishments throughout the clinic; and a banner stating the clinic's goal: "To identify, develop and enhance environmental education leadership in Illinois to achieve the goals of statewide environmental literacy."

◈ **New Program Elements**

Clinic planners offered these program elements, new to leadership clinics:

* **Project Share:** Project Share, borrowed from Minnesota colleagues, consisted of a bulletin board placed in a main room. A participant wanting input on a project filled out a Project Share postcard describing the project and assistance sought, and then tacked the postcard to the bulletin board. Other participants with ideas to share added their names and contact information to the back of the postcard to facilitate networking and information sharing after the clinic.

* **Cyber Café:** Clinic planners transformed a conference room into a "coffee house" with table settings and candles, artwork and other props. A dessert buffet was provided and a guitarist played off to one side. The café gave participants an informal social opportunity to explore the Internet and environmental education websites such as EdGateway.

* **Lunch with the Leaders:** Participants ate lunch and conversed with nationally recognized Illinois environmental educators who were each seated at separate tables.

PLANNING COMMITTEE STRUCTURE AND PLANNING PROCESS

IEEAC and EEAI jointly created a clinic planning committee and took the following steps to make sure both organizations were represented equally: the president of EEAI and the chair of IEEAC both served on the committee; a committee co-chair was selected to represent each organization; the co-chairs drafted a partnership agreement to clarify each organization's responsibilities and to establish a communication strategy; and the co-chairs reported regularly to the boards of the two organizations.

The overall planning committee and each subcommittee met regularly. Committee members were active and committed to completing their tasks. Time spent by planning committee members ultimately totaled over 800 hours. The planning committee:

1. Identified subcommittees and their chairs, members and responsibilities.

2. Created a logo and letterhead that gave the clinic a unique identity.

3. Recruited and registered participants by: setting participant selection criteria; compiling a mailing list; drafting press releases; and designing, printing and mailing application packets to 1,500 environmental educators around the state.

4. Set dates and selected a clinic site.

5. Approved a planning timeline prepared by the committee co-chairs.

6. Established measurable objectives referred to as "participant outcomes" for use in planning and evaluating the clinic.

7. Conducted a participant needs assessment to identify skill-building topics to be addressed by Professional Development Workshops and other clinic sessions.

8. Selected small and large group processes and tools to use at the clinic.

    ◈ Tools used from national clinics: The Beast team building exercise, Team Progress Mural, Team Progress Worksheets, Graphic Flow Agenda and Team Action Plans.

    ◈ Group processes used from national clinics: Team Planning Sessions renamed "Regional Breakouts," Professional Development Workshops, and Open Space.

9. Solicited Illinois' top environmental education leaders as speakers and Professional Development Workshop presenters and prepared these leaders to help meet the clinic goals and participant outcomes.

> "In the end, there is no substitute for the rewarding sense of accomplishment. We all felt a real sense of wonder at having completed a challenging project that began a long time ago in a place far away, at that first national leadership clinic where the seed was planted." Clinic Planners, 1999 State Leadership Clinic, Illinois

LESSONS LEARNED

Dedicating a large portion of time to team planning is worthwhile. The final report-outs by the five regional teams demonstrated the clinic's success at building stronger regional networks. Concrete plans are in place to strengthen these networks and regional plans continue to spin off from this clinic.

Extra care given to logistics is valued. Participant feedback and evaluation results revealed that efforts to enhance the look and feel of the clinic were appreciated and reinforced the quality experience that participants received.

Key planning steps helped the clinic succeed. The planning committee recommends that future clinic planners:

- Familiarize planning committee members who have not attended leadership clinics with the principles, processes and tools of clinic design prior to beginning your planning process.

- Ask staff from the National Environmental Education Advancement Project (NEEAP) or another qualified organization to facilitate an early planning committee meeting to review clinic goals, measurable objectives and the timeline. NEEAP staff can also help identify which of the leadership clinics' small and large group processes and tools are appropriate for your clinic.

- Review agendas from past leadership clinics and interview past clinic planners before brainstorming the program elements you would like to include in your clinic.

- Form a large enough clinic planning committee to prevent the same individuals from serving on all of the subcommittees.

- Maintain open communication between subcommittees by reporting regularly to clinic co-chairs or a Clinic Coordinator.

- Start the budgeting process early and seek financial contributions right away.

CLINIC RESULTS

Planning the clinic provided a forum for EEAI and IEEAC to work together, strengthened the organizations' relationship with one another, generated regional Action Plans and implemented structures for Illinois. The clinic also resulted in a broader base of professionals who understand the national and statewide status of environmental education and who feel a part of this bigger picture.

APPENDICES

The Beast: A Team Building Activity (from *Camp Edwards YMCA of Redlands, California*)

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AGENDA
1999 State Leadership Clinic (Illinois)

DAY 1

4:00 pm	Registration
6:00 pm	Dinner
7:00 pm	Welcoming Address
7:15 – 8:15 pm	EE and the National Scene: Setting the Tone
8:30 – 9:00 pm	Fracturing the Ice
9:00 – 11:00 pm	Cyber Café

DAY 2

7:00 – 8:15 am	Breakfast
8:30 – 9:45 am	The Beast: A Teambuilding Exercise
10:00 – 11:45 am	EE in Illinois—A Lot to be Proud of
Noon – 1:00 pm	Lunch with Leaders
1:00 – 1:15 pm	Introducing EdGateway: Advancing EE with Technology
1:30 – 3:25 pm	Professional Development Workshops (Session I & II)
	• Bridging the Assessment Gap (Session I only)
	• Developing the Environmental Teacher: A Look at Teacher Re-Certification Requirements (Session I & II)
	• EdGatway (Session I & II)
	• Assessing Quality & EE Materials (Session I & II)
	• We Can All Be Savvy Fundraisers (Session II only)
3:50 – 5:35 pm	Professional Development Workshops (Session III & IV)
	• Inclusion and Stakeholder Issues (Session III and IV)
	• Promoting Your EE Program (Session III only)
	• EdGateway (Session III & IV)
	• Growing at Work! (Session III only)
	• Running Meetings with Results (Session IV only)
	• Partnerships: The Right Tool for the Right Job (Session IV only)
6:00 – 6:30 pm	Regional Receptions: Breakout Session I—Important Insights
6:30 pm	Dinner
7:30 – 8:15 pm	Edutainment
8:30 – 10:30 pm	The Bunkhouse Buckaroos (entertainment)

DAY 3

7:00 – 8:15 am	Breakfast
8:30 – 9:00 am	Regional Breakout Session II—Partnership Strengths
9:00 – 10:30 am	The ABC's of EE and Ed Reform
10:45 – Noon	Regional Breakout Session III—Developing Regional Proposals for Action
Noon – 1:00 pm	Lunch
1:00 – 1:45	What's Next? Opportunities for Involvement
	Regional Breakout IV—The Do-ables
1:45 – 2:45	Regional Reports
2:15 – 2:45 pm	So What? Now What? & Evaluations
3:00 pm	Departure

LOCAL TEAMS TACKLE LOCAL NEEDS

[2000 STATE LEADERSHIP CLINIC (WISCONSIN)]

CLINIC STATS

Clinic Type: Statewide leadership clinic with local teams

Location: Sentry World, Stevens Point, Wisconsin

Dates: July 13-15, 2000

Attendees:

- ❖ 35 participants
- ❖ Five 3-5 member teams (one each from Eau Claire, Green Bay, Madison, Oshkosh and Waukesha)
- ❖ 19 Resource People

Clinic Design Innovations:

- ❖ Participation by local community teams that design outreach seminars
- ❖ Shortened clinic schedule

Could the national leadership clinic design work with local-level teams? Five Wisconsin community-based teams—one each from Eau Claire, Green Bay, Madison, Oshkosh and Waukesha—convened at a state leadership clinic in July 2000 to develop Action Plans to increase support for environmental education in their communities. Like the national leadership clinics, this clinic emphasized action planning, networking and professional development. Unlike the national or regional clinics, teams represented local communities rather than states or provinces.

CONTRIBUTIONS TO CLINIC DESIGN

◈ **Clinic Aimed at Helping Teams Design Outreach Seminars:**
   Local Teams Tackle Local Needs

The five participating community-level teams were formed and began working together prior to the clinic. Staff of the National Environmental Education Advancement Project (NEEAP) and state-level environmental education leaders nominated local leaders to be part of the Community Outreach Project for Environmental Education (COPEE), a pilot project funded by the Wisconsin Environmental Education Board and the National Wildlife Federation with additional support from Wisconsin state agencies, the Groundwater Foundation and Adopt-A-Watershed.

The local leaders—selected from Eau Claire, Green Bay, Madison, Oshkosh and Waukesha—formed teams in each of their communities. Team members included teachers, administrators, nature center staff, business owners, community development specialists, local artists, college and university staff, county government employees, parents and other community members.

Teams met regularly prior to, during and following the clinic to plan at least one outreach seminar for a local leadership group or an invited audience. Teams were encouraged to demonstrate the value of environmental education through local examples and to involve seminar participants in developing strategies to support environmental education programs in their community.

"The leadership clinic was most valuable. It brought our team members together to focus on the project. Back home there were too many other commitments and excuses for not getting together. The clinic energized the team, provided us with a wealth of easy to use, valuable information and allowed us to network with a very diverse group of environmental education leaders throughout the state." Rick Koziel, Eau Claire Team Member

◈ **A Twist on Share Fairs**

State level curriculum experts, community-based environmental education specialists, resource center staff and other Resource People could not attend an all-weekend event but were available Friday afternoon and evening. Each was given a table space with a tabletop sign. "Happy Hour" refreshments were provided along with background music. Participants gathered materials, made contacts and talked with Resource People most useful to their teams' needs. A handful of Resource People were able to stay the next day to help teams develop their Action Plans.

PLANNING COMMITTEE STRUCTURE AND PLANNING PROCESS

The planning committee consisted of University of Wisconsin-Stevens Point professors, representatives of the Wisconsin Association of Environmental Education, local leaders, and NEEAP staff. The planning committee:

1. Drafted the clinic agenda.

2. Selected small and large group processes and tools to use at the clinic.

   ◈ Tools used from national clinics: Tools Pack, Team Progress Mural, Team Progress Worksheets and Team Action Plans.

   ◈ Group processes used from national clinics: Team Planning Sessions, Share Fair, and Professional Development Workshops (featuring case studies from Wisconsin and other select states).

3. Identified Case Study presenters who also served as Resource People.

   ◈ Wisconsin Case Studies featured: the Urban Ecology Center in Milwaukee, Montello School District's Adopt-A-Lake program, Waukesha School District's K-8 environmental education program, and the University of Wisconsin-Extension's "Community-Based Environmental Education Model."

   ◈ National Case Studies featured: the Groundwater Foundation, Adopt-A-Watershed, and examples of Kentucky's local education reform successes.

4. Solicited feedback on the agenda from Team Liaisons from each of the five communities.

5. Solicited suggestions for Case Study presenters and feedback on the agenda from out-of-state advisors who had designed national leadership clinics.

"When I first arrived here I was new to environmental education and a little bit wary of this group, but I leave here excited and committed to my team and what we can accomplish." J. Allen Johnson, Green Bay Team Member

LESSONS LEARNED

Local-level teams can move quickly toward Action Plan implementation and make important strides in their communities. Teams accomplished a great deal of action planning at the clinic and were able to bring about significant changes on behalf of environmental education in their communities.

One size does not fit all. Although the clinic's purpose was to equip teams to provide local environmental education seminars, each community focused on different opportunities and audiences. Centering the clinic design on Team Planning Sessions enabled each team to create a seminar specific to its community.

Opportunities for teams to follow-up with Resource People after the clinic are beneficial. One benefit to holding a state-level clinic as opposed to a larger regional or national clinic is the opportunity for more face-to-face interactions between teams and Resource People after the clinic.

Clinics can be shortened to last two days. The length of a clinic can be shortened when significant teamwork has occurred in advance of the clinic and when the number of teams and team size is small. A state level clinic starting Friday evening and ending at noon on Sunday is affordable and effective if well planned.

CLINIC RESULTS

What did teams accomplish as a result of attending the clinic? Teams planned and presented their community outreach seminars as well as pursued additional goals to strengthen environmental education locally.

◈ Green Bay team members helped high school ecology club students create an environmental theme play presented at area middle schools. The team then hosted an environmental education demonstration day at the Bay Beach Sanctuary during which students, families and teachers saw the play's final act, and participated in a panel discussion with local civic, business and environmental leaders that was moderated by the mayor's wife. Attendees also learned about local environmental education opportunities at a booth fair. Green Bay became a Groundwater Guardian Community as a result of the project.

◈ The Waukesha team hosted a seminar involving alumni of the school district's 20-year old environmental education program to generate support for the program. As a result, the program was preserved in the district's budget because parents and other community members became informed and in turn educated school board members about the value of the program. The Waukesha team also formed a committee to plan a groundwater festival and is applying to become a Groundwater Guardian Community.

◈ Oshkosh team members provided a seminar to area elementary school principals and are working with land donors to create a community nature center.

◈ The Eau Claire team provided a series of seminars to participants of the Eau Claire Chamber of Commerce Leadership Program and at meetings of school administrators in the Chippewa Valley.

◈ Madison team members are developing an environmental education major at a local college.

CONTACT PERSONS

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AGENDA
2000 State Leadership Clinic (Wisconsin)

DAY 1

3:00 – 5:00 pm	Registration
5:30 – 7:00 pm	Welcome Dinner
7:00 – 8:30 pm	Whole Group Orientation

DAY 2

8:00 – 8:30 am	Check-in
8:30 – 10:00 am	Team Planning Session I
10:15 – 11:15 am	Resource Round Robin: Inspirations (Case Studies) from Wisconsin
11:30 am – Noon	Morning Wrap-up
Noon – 1:00 pm	Lunch
1:00 – 2:30 pm	Resource Round Robin: Inspirations (Case Studies) from Afar
2:30 – 3:00 pm	Plenary: Community-based Environmental Education
3:15 – 4:30 pm	Team Planning Session II
4:30 – 5:30 pm	Share Fair
6:00 – 7:00 pm	Dinner
7:30 – 9:00 pm	Team Planning Session III

DAY 3

8:00 – 8:15 am	Check-in
8:15 – 10:00 am	Local Environmental Education Seminar
10:15 am – Noon	Team Planning Session IV
Noon – 1:00 pm	Lunch
1:00 – 2:30 pm	Teams Present Plans
2:30 – 3:30 pm	Whole Group Closing & Evaluations

Sample Agenda
2000 State Leadership Clinic, Wisconsin

WIDENING THE CIRCLE WITH 20-MEMBER TEAMS

[2000 REGIONAL LEADERSHIP CLINIC (NEBRASKA)]

CLINIC STATS

Clinic Type: Four-state regional leadership clinic

Location: Arbor Day Farm, Lied Conference Center, Nebraska City, Nebraska

Dates: July 26-28, 2000

Attendees:

- ◈ 104 participants
- ◈ Four 20-member teams (one each from Iowa, Kansas, Missouri, Nebraska)
- ◈ 24 Resource People and Facilitators

Clinic Design Innovations:

- ◈ Participation by four 20-member teams
- ◈ Division of teams into sub-teams during Team Planning Sessions
- ◈ Signed commitments by participants to pursue clinic follow-up

Just how big can clinic teams get? The idea for a four-state regional leadership clinic emerged following a 1997 meeting of environmental educators from Iowa, Kansas, Missouri and Nebraska convened by the U.S. Environmental Protection Agency Region 7. It was clear from conversations sparked by that meeting that environmental educators from the four states could learn substantially from one another.

Several of the states' environmental educators had attended and helped plan national leadership clinics and wanted to provide a clinic experience to more people back home. They believed large teams from neighboring states would:

- ◈ Make substantial progress on several goals at once;

◈ Create a critical mass of individuals committed to implementing each team's Action Plan following the clinic; and

◈ Result in state-to-state partnerships to share expertise and resources.

Since teams at national clinics typically involved 3-12 members, the regional clinic planners had to experiment. How would 20-member teams be recruited? How would such large teams work together to develop Action Plans? How would Team Planning Sessions for 20-member teams differ from those at national clinics?

CONTRIBUTIONS TO CLINIC DESIGN

Here is how the planning committee responded to these challenges:

◈ **Team Recruitment and Registration: Coordinated But Unique to Each State**
Each state's 20-person team included board members from the state environmental education association and invited stakeholders. The planning committee developed one *Invitation to Participate* that each state used to nominate and select team members. Thus, while the recruitment tool was the same, each state's nomination and selection process was unique.

◈ **Team Planning Sessions Retooled for 20-Member Teams and Sub-Teams**
The planning committee altered the format of the national clinics' Team Planning Sessions. Each 20-member state team used its first Team Planning Session to finalize 3-5 goals to work on during the clinic. Teams then divided themselves and worked in sub-teams, one per goal, for the next two Team Planning Sessions. All 20 team members met again at the final Team Planning Session to revise and unite the sub-team Action Plans into one statewide Action Plan.

◈ **Participant Commitment to Action**
An additional innovation was a pre-clinic *Invitation to Participate,* that required participants to pledge volunteer time, followed by a post-clinic Commitment Form self-mailer:

1. Prior to attending the clinic, team members were asked to sign an *Invitation to Participate* stating that they agreed to volunteer twelve or more hours during the six months following the clinic to implement the team's Action Plan.

2. At the clinic closing, participants recorded tasks they volunteered to undertake on a Commitment Form that they addressed to themselves. Clinic planners collected and mailed these forms three months following the clinic to remind participants of their self-identified commitments.

PLANNING COMMITTEE STRUCTURE AND PLANNING PROCESS

The planning committee consisted of two representatives from each of the region's four states (IA, KS, MO, NE), and one representative each from the three major funding and partner organizations (the U.S. Environmental Protection Agency Region 7, the National Environmental Education Advancement Project and the North American Association for Environmental Education).

Committee member Shari L. Wilson of the Kansas Association for Conservation and Environmental Education (KACEE) was appointed Clinic Coordinator since her state association was the only one with paid staff and advanced bookkeeping procedures. Wilson scheduled committee meetings and conference calls, drafted mailings and registration materials, managed grant paperwork and reports, collected registration fees, tracked the timeline and budget and paid bills. A portion of the funds raised for the clinic was used to offset some of Wilson's and other KACEE staff members' time.

The planning committee met face-to-face four times, including once at the clinic site one month prior to the clinic. The bulk of clinic planning was accomplished through conference calls, email messages and faxes due to long travel distances required for committee members to meet in person. The planning committee:

1. Established goals and measurable objectives to shape the design of the event.

2. Identified topics that were priorities to all four states by brainstorming ideas among clinic planners.

3. Selected small and large group processes and tools used at national clinics that would advance the clinic's measurable objectives.

   ◈ Participant categories used from national clinics: teams, Resource People and Team Facilitators. The Team Liaisons, Resource People and Team Facilitators all received a Checklist clarifying their clinic role and responsibilities.

   ◈ Group processes used from national clinics: Clinic Rehearsal, Team Liaison Orientation, Whole Group Orientation, Share Fair, Team Planning Sessions, Professional Development Workshops, Open Space and Whole Group Closing.

   ◈ Tools used from national clinics: Dance Cards, Team Progress Mural, Team Progress Worksheets, Team Action Plans, Successes & Conundrums, Personal and Organizational Biographies.

   ◈ Evaluation methods used from national clinics: Check-ins, Plus-Minus-Change Chart and Evaluation Forms.

4. Developed an extensive task timeline, and each committee member assumed responsibility for several tasks.

5. Designed evaluation questions to supply data needed to measure clinic objectives.

LESSONS LEARNED

◈ **Large teams accomplish a great deal.** Designing the clinic around Team Planning Sessions for large teams enabled the teams to progress on several goals simultaneously and to create a more comprehensive statewide Action Plan to advance environmental education.

"The sub-teams had several perspectives that helped us see the whole picture."
Anonymous Participant, 2000 Regional Leadership Clinic, Nebraska

◈ **Large teams help widen the circle.** One measurable objective was to recruit at least 25% of the participants who were new or emerging leaders in the field of environmental education. These individuals were to serve on the teams and help state environmental education associations recruit and develop the leadership capabilities of future board members. This objective was exceeded.

◈ **Regional networking results in regional partnerships.** The regional clinic enabled colleagues from neighboring states to explore potential partnerships and ways to share resources and expertise. For example, immediately following the clinic, KACEE staff members attended a board meeting of the Missouri Environmental Education Association to share insights about moving from an all-volunteer organization to one with paid staff.

◈ **Unscheduled time is necessary and regenerative.** Evaluation results demonstrated that the pace of the clinic was rushed. Participants needed more time to process information and regenerate. Clinic planners agreed that future regional clinics should include more free time by adding a day or scheduling fewer program elements.

◈ **Improved communication is needed among Team Facilitators and Team Liaisons prior to the clinic.** Clinic planners recommend that future clinics include a one-day Orientation for Team Facilitators and Team Liaisons to enable these two groups to meet and work together face-to-face approximately one month before the clinic in order to maximize their time at the clinic.

CLINIC RESULTS

Clinic planners reviewed evaluation results and discussed ideas for future regional activities at a follow-up committee meeting. Planners decided to design the next regional leadership clinic as a retreat and cross-training event for the four state environmental education associations' Boards of Directors. Program elements will include time for each state association's board to meet on its own as well as in small and large groups aimed at cross-training and shared learning among the four boards. Clinic planners also supported the idea of a two- to three-year rotation for holding state, regional and national leadership clinics.

Clinic Planners of the 2000 Regional Leadership Clinic (Nebraska) from left to right: Celeste Prussia (MO), Shari Wilson (KS), Bill Landis (EPA), Wendy Zohrer (IA), Judy Levings (IA), Kim Wade (MO), Abby Ruskey (NEEAP), Syd Hime (NE), Dennis Graham (EPA), Brooke Levey (NE), and John Strickler (KS).

CONTACT PERSON

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Commitment Form (2000 Regional Leadership Clinic, Nebraska)
Evaluation Form (2000 Regional Leadership Clinic, Nebraska)
Facilitator Role Checklist (2000 Regional Leadership Clinic, Nebraska)
Invitation to Participate (2000 Regional Leadership Clinic, Nebraska)
Measurable Objectives (2000 Regional Leadership Clinic, Nebraska)
Professional Development Workshop Evaluation Form (2000 Regional Leadership Clinic, Nebraska)
Resource Person Role Checklist (2000 Regional Leadership Clinic, Nebraska)
Team Liaison Role Checklist (2000 Regional Leadership Clinic, Nebraska)
Team Member Role Checklist (2000 Regional Leadership Clinic, Nebraska)

AGENDA
2000 Regional Leadership Clinic (Nebraska)

DAY 1

8:00 – 10:00 am	Clinic Rehearsal
10:30 – 11:30 am	Orientation for Team Liaisons, Resource People & Team Facilitators
10:30 – Noon	Participant Arrival and Registration
Noon – 1:00 pm	Lunch
1:00 – 3:30 pm	Whole Group Orientation & Plenary
3:45 – 5:45 pm	Team Planning Session I (Whole Teams Meet)
6:00 – 7:30 pm	Dinner
7:30 – 9:00 pm	Share Fair and EE Cyber Café

DAY 2

6:30 – 7:30 am	Breakfast
7:15 – 7:45 am	Check-in for Planning Committee Members, Team Liaisons, Team Facilitators, and Resource People
8:00 – 9:30 am	Professional Development Workshops (Session A)
	• Recruiting and Retaining Leaders
	• Building Partnerships and Consensus
	• Building Better Boards
	• The Barter Network
9:45 – 11:15 am	Team Planning Session II (Sub-Teams Meet)
11:30 – 12:30 pm	Lunch
12:45 – 1:30 pm	Plenary
1:45 – 3:15 pm	Professional Development Workshops (Session B)
	• Sustainable Funding
	• EE and the Media
	• Inclusion & Diversity
	• Effective Decision Making
3:30 – 5:00 pm	Team Planning Session III (Sub-Teams Meet)
5:30 – 6:30 pm	Dinner (located in Historic Barn)
6:45 – 9:00 pm	Open Space (located in Historic Barn)

DAY 3

6:30 – 7:30 am	Breakfast
7:15 – 7:45 am	Check-in for Planning Committee Members, Team Liaisons, Team Facilitators, and Resource People
8:00 – 9:30 am	Professional Development Workshops (Session C)
	• Organizational Assessment Tool
	• Building EE Awareness Among Public Officials
	• Marketing
	• Planning Meetings with Results
9:45 – 11:45	Team Planning Session IV: Taking it Home (Whole Teams Meet)
11:45 – Noon	Evaluations
Noon – 1:00 pm	Whole Group Closing: Meeting the Challenge

Sample Agenda
2000 Regional Leadership Clinic, Nebraska

APPENDICIES:

At-A-Glance Agenda
1998 National Leadership Clinic (San Diego)

Time	Wed, March 25	Thurs, March 26	Fri, March 27	Sat, March 28	Sun, March 29
7:00 - 7:45 am		**Breakfast**	**Breakfast**	**Breakfast**	**Breakfast**
8:00 - 8:30 am		**Team Liaison Check-in**	**Team Liaison Check-in**	**Team Liaison Check-in**	
8:00 -11:45 am	**Clinic Rehearsal** (Planning Committee, Facilitators, Resource People)	**Team Planning Session I** (8:30 – 9:30) 15 minute break **Share Fair** (9:45 – 11:45)	**Team Planning Session III** (8:30 – 9:30) 15 minute break **Workshops B** (9:45 – 11:45)	**Open Space Technology** (8:30 – 11:30)	Travel Home
Noon - 1:15 pm		Lunch	Lunch	Lunch	
1:30 - 5:00 pm	**Registration**	**Team Planning Session II** (1:30 – 2:45) 15 minute break **Workshops A** (3:00 – 5:00)	**Workshops C** (1:30 – 3:30) 15 minute break **Team Planning Session IV** (3:45 – 5:00)	**Team Planning Session V** (1:30 – 3:30) 15 minute break **Closing** (3:45 – 5:00)	
5:00 - 5:30 pm		Break	Break	Break	
5:30 - 7:00 pm	**Dinner** (in)	**Dinner** (in)	**Dinner** (out)	**Banquet** (in)	
7:30 - 9:30 pm	**Whole Group Orientation & Team Liaison Orientation**	**Business Meetings**	Free Time	**Dance Music**	

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Graphic Flow Agenda
1998 National Leadership Clinic (San Diego)

Wednesday

DINNER

Orientation &
Team Leader Meeting
7:00 - 9:30 pm

Thursday

Team Session I
8:30 - 9:30 am
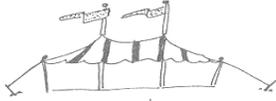
Share Fair
9:45 - 11:45 am

LUNCH

Team Session II
1:30 - 2:45 pm

Concurrent Session A
3:00 - 5:00 pm

DINNER

Business Meetings
7:30 - 9:30 pm

Friday

Team Session III
8:30 - 9:30 am

Concurrent Session B
9:45 - 11:45 am

LUNCH

Concurrent Session C
1:30 - 3:30 pm

Team Session IV
3:45 - 5:00 pm

DINNER

Saturday
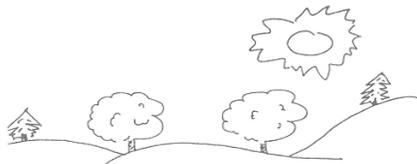
Open Space
8:30 - 12:00 am

LUNCH

Team Session V
1:30 - 3:30 pm

Closing
3:45 - 5:00 pm

BANQUET

Dance!
7:00 - 9:30 pm

At-A-Glance Agenda
1999 National Leadership Clinic (Albuquerque)

Time	Tues, April 13	Wed, April 14	Thurs, April 15	Fri, April 16	Sat, April 17
7:00-7:45 am		**Breakfast** (in)	**Breakfast** (in)	**Breakfast** (in)	**Breakfast** (in)
8:00 - 8:30 am		**Team Liaison & Resource Person Check-in & Electronic Virtual Clinic Orientation**	**Team Liaison & Resource Person Check-in & Electronic Virtual Clinic Write Home**	**Team Liaison & Resource Person Check-in & Electronic Virtual Clinic Write Home**	**Team Liaison & Resource Person Check-in & Electronic Virtual Clinic Write Home**
8:30 am - Noon	**Clinic Rehearsal** (Planning Committee, Facilitators, Resource People)	**Team Planning I** (8:30 - 10:15) 15 min. break **Share Fair** (10:30 – 12:30)	**Team Planning III** (8:30 – 9:45) 15 min. break **Workshops A** (10:00 – 12:00)	**Open Space** (8:30 – 12:00)	**Heads Together** (8:30 – 10:30) 15 min. break **Team Planning VI** (10:45 – 12:00)
Noon - 1:15 pm	**Lunch** (out)	**Lunch** (in at 12:30)	**Lunch** (in)	**Lunch** (in) & **Team Planning V** (Noon - 1:45)	**Lunch** (in)
1:30 - 5:00 pm	**Facilitation Training for Facilitators** (1:30 - 4:30) **Resource People Orientation** (3:00 - 4:30)	**Team Planning II** (1:30 – 2:45) 15 min. break **EE Barter Network & EE Lead Teams** (3:00 – 5:00)	**Workshops B** (1:30 - 5:00)	**Strategic Visions** (1:30 – 3:30) 15 min. break **Field Trips** (2:00 – 5:00)	**Strategic Visions** (1:30 – 3:30) 15 min. break **Closing** (3:45 – 5:00)
5:30 - 7:00 pm	**Dinner/Registration**	**Dinner** (out)	**Dinner** (out)	**Dinner** (out)	**Banquet**
7:30 - 9:30 pm	**Whole Group Orientation**	**Electronic Virtual Clinic Write Home** (7:30 - 8:00) **Business Meetings** (8:00 - 9:30)	**Electronic Virtual Clinic Write Home** (7:30 - 8:00) **Team Planning IV** (8:00 - 9:15)	**Electronic Virtual Clinic Write Home** (7:30 - 8:00)	**Dance** (8:00 - 10:00)

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Narrative Agenda
1999 National Leadership Clinic (Albuquerque)

DAY ONE: Tuesday, April 13, 1999 (evening only)
2:00 pm - 5:30 pm   **Registration**
5:30 pm - 7:00 pm   **DINNER**
7:30 pm - 9:30 pm   **Whole Group Orientation**
9:30 pm - 10:00 pm   **Virtual Clinic Coordinators Check-in**

DAY TWO: Wednesday, April 14, 1999 (all day)
7:00 am - 7:45 am   **BREAKFAST** (Possible Affinity Group Time)

8:00 am - 8:30 am   **Team Liaison Check-In, Resource People Check-In**
Virtual Clinic Coordinators Orientation

8:30 am - 9:00 am   **City of Albuquerque Welcome from Mayor Jim Baca**
Mr. Baca is a committed leader working on behalf of the environment. Prior to serving as mayor, he was the Commissioner of the New Mexico State Lands Office, Director of the Bureau of Land Management, and board member of the Southern Utah Wilderness Alliance and the New Mexico Wilderness Association.

9:00 am - 10:15am   **Team Planning Session I** (Various sites - See Site Map)
Team Planning Sessions are the heart of the clinic and provide teams with time and resources for self-directed learning and action planning. You may use these sessions to work with Resource People and/or other teams, to debrief from sessions you have attended, and to plan for those ahead. While Team Progress Worksheets with guiding questions are provided in the Tools Pack, this is your team's time to spend in the way that is most useful to you. Trained facilitators are available at all times if your team decides it wants this type of assistance.

10:15 am - 10:30 am   **BREAK/SNACK**

10:30 am - 12:30 am   **Share Fair**
This informal session enables teams to see what other participants have to share so that teams can solicit assistance, using Dance Cards, during subsequent Team Planning Sessions. Teams and Resource People are stationed at tables. Each table has a sign listing the successes and skills teams and Resource People have to share and the conundrums they need assistance with. Each table may have written handouts and will be staffed by at least one person.

12:30 pm - 1:30 pm   **LUNCH** (Possible Affinity Group Time)

1:30 pm - 2:45 pm   **Team Planning Session II**

2:45 pm - 3:00 pm   **BREAK/SNACK**

3:00 pm - 5:00 pm   **Breaking New Ground in EE Capacity Building: Introducing the EE Barter Network & EE Lead Teams**
Growing interest in capacity building has generated demand for networking and resources year round. Since there is a wealth of talent and expertise in the field of environmental education, the next step in our capacity building efforts is to create

mechanisms to link those with something to "give" and those with a need to "get" professional development and expertise. The EE Barter Network and EE Lead Teams are two mechanisms developed at the recommendation of Open Space participants at last year's clinic. This session will introduce both services and get your feedback on their design and delivery.

5:30 pm - 7:00 pm   **DINNER** (Possible Affinity Group Time)

7:30 pm - 8:00 pm   **Electronic Virtual Clinic Coordinators Write Home**

8:00 pm - 9:30 pm   **NAAEE Affiliates Partnership Business Meeting**

DAY THREE: Thursday, April 15, 1999 (all day)

7:00 am - 7:45 am   **BREAKFAST** (Possible Affinity Group Time)

8:00 am - 8:30 am   **Team Liaison Check-In
Resource People Check-In
Virtual Clinic Coordinators Write Home**

8:30 am - 9:45 am   **Team Planning Session III**

9:45 am - 10:00 am   **BREAK/SNACK**

10:00 am - 12:00 pm   **Workshops—Session A**

Workshop #1: Effective Decision-making: Key to Effective Organizations
Facilitator(s): Garry Enns, EECOM: The Canadian Network for EE and Communication
Environmental educators, whether at work or on volunteer boards, have experienced the frustration and trauma of working with "dysfunctional" boards and committees. Assumptions are made that, if we are educated and can bring expertise and experience to the table, we will be an asset to any board or committee we join. Great ideas and worthy causes often experience painful and ignoble death at the hands of decision-makers who seem unable to make effective decisions. Effective boards and committees are the backbone of organizational capacity building. This workshop will consider a number of decision making models—from Kepner-Tregoe Problem Solving models to Consensus Building to Round Tables. Discussion among participants will explore how one or more approaches can lead to effective decision-making and effective organizations.

Workshop #2: Excellence in EE – Can your organization state what it is?
Facilitator: Bora Simmons, Northern Illinois Univ.
Have you or the organization you represent ever struggled with responding to the question of what is good environmental education? *Excellence in Environmental Education— Guidelines for Learning (K-12)* allows you to respond to questions like these with credibility and improves your organization's profile. The *Guidelines* can be used to examine national, state and local academic standards developed for core disciplines (e.g. civics, science, geography) and can be used to develop environmental education standards in your state. Through hands-on exercises, participants will be introduced the *Guidelines* and given opportunity to practice using them.

Workshop #3: Creating Links to Curriculum Content Standards
Facilitator: Mike Way, Colorado Alliance for EE
This workshop will highlight Colorado's approach to creating statewide links to the

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curriculum content standards and re-enact a portion of the environmental education correlations workshop that illustrates what standards-based education is, and how standards work. Hands-on learning experiences will help participants gain an understanding of standards-based education terms and processes. This workshop will be applicable to any state facing the standards issue in education reform.

Workshop #4: The (Ed)Gateway to Electronic Networking
Facilitator: Jim Isleib, Texas Association for Environmental Education
We have all heard the call for better communication using the latest technology. We have all bemoaned the fact that we are mostly volunteers and have little time or resources for websites. At best, we establish mass e-mails, which are a step in the right direction but are unwieldy and don't fully utilize the Internet's electronic networking potential. I will present a user's perspective of EdGateway. Since learning about

this tool, I have created and maintained 11 groups, totaling over 250 participants. This workshop will help participants create groups and achieve better communications and networking. By the end of the workshop, participants will create a functioning EdGateway group for their associations.

Workshop #5: Developing a State Environmental Education Masterplan
Facilitators: Karen Reagor, Executive Director, KY Assoc. for EE (KAEE); Dr. Joe Baust, President, KAEE; Mary Kathryn Dickerson, President-elect, KAEE; Evelyn Morgan, Immediate Past-president, KAEE
This workshop will model the process used to develop Kentucky's EE Master Plan. The plan brought together diverse people including formal and nonformal educators, business and industry, and others to make environmental education a priority statewide. Participants will take part in a simulation of the inception, development and conclusion of the process to help them replicate the process in their own state.

12:00pm-1:00pm   **LUNCH** (Poolside) Possible Affinity Group Time

1:00pm-5:00pm   **Workshops—Session B**

Workshop #6: True Colors: A Tool for Improving Communication, Leadership, and Teamwork for Sustainable EE Organizations
Facilitator: Libby McCann, University of Wisconsin-Madison
Capacity building requires teamwork and communication. Become familiar with the True Colors personality styles and communications tool. The power of this instrument is its accuracy, ease of application, universal relevance, theoretical base, and applied research. Learn to use the most appropriate methods of communication and team building to gain the best outcomes in your organization and professional relationships. Become more aware of your personality style and its significance in leadership roles. Leave with a new understanding of group dynamics, teamwork, and contributions of your organization's members. Come ready to learn more about yourself and others to create a positive atmosphere for learning and leading together to further environmental education.

Workshop #7: Recruiting and Retaining Members
Facilitators: Beth Applegate, Consultant Trainer, Institute for Conservation Leadership
This session is for board members, staff and volunteers in grassroots organizations who wish to use the direct mail to increase the number of paid members and volunteers, raise money for the organization, and educate constituents about key issues and the organization's mission. Included are simple, step-by-step instructions geared to small volunteer and staffed grassroots organizations on how to create, plan and execute cost-efficient and revenue-producing mail packages. By the end of this session, participants will: understand why and how using direct mail benefits their work and is necessary for the organization's success; understand the various uses of mail for membership recruitment, retention and upgrading; be able to plan a cost-effective, engaging and persuasive mail package; and know how to evaluate the success of a direct mail package and modify tactics for the future.

Workshop #8: Identifying and Influencing Leverage Points for Change in Your Institution
Facilitators: Carey Levitt, & Cynthia Staples, Second Nature
Working to strengthen environmental education involves dealing with the demanding, unceasing and fluid process of change, not only in the environment, but also within your own institution. Becoming an effective agent of change requires you to understand yourself, your relationship to change, and your relationship to the larger institutional system. This workshop will help you understand these complex relationships, and identify leverage points for change with your system. Participants will leave with a map of their institution that highlights the roles people play within the institution and some strategies for improving the overall functioning and flow of ideas through that system.

Workshop #9: Get Your Project Funded!
Facilitators: Tim Brown, Director, Utah Society for Environmental Education; Robert Olson, EE Consultant (Washington state); Craig Zoellner, Iowa Conservation Education Council
This workshop will identify fundraising strategies to leverage resources for projects. Scenarios are from real fundraising experiences. Multiple strategies will be explored, modeled and investigated for use as needed by different organizations. The second part of the workshop will focus on writing grants. Participants will have an opportunity to develop a one-page summary of an actual project they want to fund. Tactics will be developed and role-played using actual fund raising needs of participating teams. The workshop will also generate more creative solutions to fundraising dilemmas.

Workshop #10: Cultural Competency and its Relationship to Sustainability
Facilitator: Emilio Williams, The Koi Group
Do you see yourself as a global partner who capitalizes on community assets and diversity to work toward common ground? Are you aware of how critical building mutual respect, trust, and freedom of expression are to the quality of all relationships, especially those in which the desire is to collaborate? The session focuses on what it means to be "culturally competent" and its effect on programs, contributions of unequal partners, and sustainability. Particular goals include helping participants understand cultural expectations, individual motivations, diversity

and acceptance, alternative ways to perceive actions, and learning how to disclose the power that exists within the group. Working through group scenarios and small group discussions, participants will identify strategies, build upon their current level of competency, and develop action steps they can use upon returning to their programs and/or local communities.

Workshop #11: EE and Education Reform: Using EE Model Schools to Bridge the Gap
Facilitators: Susan Toth, Pine Jog EE Center of Florida Atlantic University; Marcia Wiley, Model Links, Washington
The Pine Jog Environmental Education Center has developed a sustainable project to help nine elementary schools integrate environmental education into their curricula. Environmental education is used as both a curriculum focus and as an important step toward meeting the schools' improvement goals. This project includes: 1) identifying and training school-based resource teachers; 2) collaborative planning for instruction through interdisciplinary units focused on an environmental theme; 3) incorporating non-formal environmental education programs; 4) developing field trip extensions to enhance the curriculum; and 5) developing community environmental action projects. Participants will develop action plans to begin a similar approach in their state, region or community.

Workshop #12: Am I a Certifiable Environmental Educator or What!!!
Facilitators: Margaret Menzies, Marine Science Educator; Bora Simmons, Northern Illinois Univ.; Su Beran, Information Education Coordinator, RCRCA, MAEE
Environmental educators' worst nightmares—allegations of propaganda, key legislation in favor of environmental education thrown out, or passed and then rescinded because of a vocal minority--the backlash seems to continue. It seems, to us, like common sense to teach about living within sustainable means on this planet. But is there some basis to this backlash? Perhaps it is the lack of defined qualifications and professional training standards. We need to address these issues and gain credibility for the field. This workshop examines current efforts, including the challenges, roadblocks, and solutions to this issue. Bring ideas and be prepared to share them. Leave with ideas about the possibilities for your home area.

5:30 pm - 7:00 pm   **DINNER** (Possible Affinity Group Time)

7:30 pm - 8:00 pm   **Virtual Clinic Coordinators Write Home**

8:00 pm - 9:15 pm   **Team Planning Session IV**

DAY FOUR (all day) Friday, April 16, 1999

7:00 am - 7:45 am   **BREAKFAST** (Possible Affinity Group Time)

8:00 am - 8:30 am   **Team Liaison Check-In**
Resource People Check-In
Virtual Clinic Coordinators Write Home

8:30 am - 12:00 pm   **Open Space Technology**
After ground rules are established, participants are asked to identify issues
or opportunities for which they have genuine passion and will take real
responsibility. Those who so desire are invited to stand and state their issue in
one or two sentences, write it on paper, and post it on a wall-sized schedule
which lists meeting times and locations. After topics are generated, the "Market
Place" is opened and participants select sessions that interest them. Small groups
meet and the conveners (those who named the sessions) are responsible for
beginning their sessions and arranging for someone to take notes. A report-out
procedure will be in explained before Open Space begins. Results from the small
groups sessions will be immediately posted on the Virtual Clinic website.

12:00 pm - 1:45 pm   **LUNCH** together with **Team Planning Session V**
Team planning will take place over lunch to free up the afternoon for field trips.

1:45 pm - 2:00 pm   **BREAK/SNACK**

2:00 pm - on   **Field Trips**

5:30 - 7:00 pm   **DINNER** (Possible Affinity Group Time)

7:30 pm - 8:00 pm   **Virtual Clinic Coordinators Write Home**

DAY FIVE (all day) Saturday, April 17, 1999

7:00 am - 7:45 am   **BREAKFAST** (Possible Affinity Group Time)

8:00 am - 8:30 am   **Team Liaison Check-In**
Resource People Check-In
Virtual Clinic Coordinators Write Home

| 8:30 am - 10:30 am | **Heads Together Session** |
| | Heads Together is a powerful problem solving activity in which teams provide insight into challenges other teams are facing. Facilitators and Resource People will be on hand to assist with note taking and facilitation. A list of team pairings and meeting locations will be posted on a master Heads Together schedule located in the Rio Grande room. |

Round 1 (one hour total time, teams switch roles after thirty minutes):
1. Team 1 states the issue or problem it would like feedback on.
2. Team 2 asks clarifying questions of Team 1.
3. Team 2 brainstorms/proposes problem-solving strategies to Team 1.
4. Teams switch roles, working on Team 2's issue/problem.
Round 2: Teams are matched with new teams and the process is repeated.

10:30 am - 10:45 am **BREAK/SNACK**

10:45 am - 12:00 pm **Team Planning Session VI**

12:00 pm - 1:15 pm **LUNCH** (Guest Appearance: Richard Bodner as Aldo Leopold)

1:30 pm - 3:30 pm **Strategic Visions Session**

How can we sustain capacity building in the next 5-10 years? What are the implications for the field of environmental education? The purpose of this session is to discuss these and related questions to inform funders and other supporters about what is needed. It will also be valuable for sharing information across states to further activities like the Barter Network and EE Lead Teams and to facilitate the exchange of expertise within the field. Throughout the clinic interested team members and resource people will be listening and reporting on common issues, initiatives, and successful strategies that are being discussed in Team Planning Sessions. We will list and web this information and see what innovations are in the making. During this culminating session we will review the "status of EE capacity building" as represented at the clinic and, in small mixed-team groups, we will address future trends, strategies and needs.

3:30 pm - 3:45 pm **BREAK/SNACK**

3:45 pm - 5:00 pm **Closing Activity**

5:00 pm - 6:30 pm **Silent Auction Item Pick-up**

6:30 pm - 8:00 pm **Banquet**

8:00 pm - 11:00 pm **Celebrate and Dance!**

The Beast: A Team Building Activity

From Camp Edwards YMCA of Redlands, California, 42842 Jenks Lake Road East, Angelus Oaks, CA 92305, phone (909) 794-1702, fax (909) 794-3157.

Summary: This is a communication exercise for teams. Each team attempts to replicate a Tinkertoy model. Each member of the team has a different role that only he or she performs and whose actions affect the success of the team. The activity takes 60 to 90 minutes.

Objectives: To improve individual communication skills.
To cooperate and function as a team.
To discuss ways for dealing with frustration.
To learn individual importance in a group setting.

Materials: Lots of Tinker toys; 20 kernels of corn or beans for each team; table for the "store"; signs for each team player to wear; room with dividers or other rooms nearby

Room Setup: You will need: a place to hide the model where only one member from each team can see it, a workspace for each team's builder (such as on a table or tray), and a store where pieces needed can be hidden from view. Make the Tinker toy model in advance with 14 or more pieces for adult participants. Have enough pieces so that each team can complete the model.

Introductory Activity: The telephone game is a good introductory activity. Sit the group in a circle and whisper a sentence in the ear of the person next to you. Pass the message around until it reaches the last person who says the message aloud. Compare the sentence to the original.

Activity: Explain the activity so participants know what to expect. This is a communication exercise. Teamwork and patience are extremely important. Each person will have a job. He or she will ONLY be allowed to do that job. Each team's task is to replicate the model exactly; however, only one team member can see the original. Explain the various jobs:

- Looker: Is the only person allowed to see the original model and has a confined area to stay throughout the activity. May talk ONLY to the <u>buying runner</u>. Looker's job is to describe to the <u>buying runner</u>, the pieces needed to build the model and how each of the pieces fits together. May not touch or move the original model.
- Buying Runner: Delivers information from the <u>looker</u> to the <u>building runner</u>. Must find out from the <u>looker</u> what parts need to be purchased from the store and explain this to the <u>buyer</u>. Must also find out from the <u>looker</u> where each piece goes and explain this to the building runner. The buying runner may talk to the <u>looker</u>, <u>buyer</u>, and <u>building runner</u>!
- Buyer: Receives 20 pieces of popcorn to use as money. The buyer is confined to the store area and must purchase pieces from the store, one at a time. The buyer may barter for pieces if he or she runs out of money. The buyer may only talk to the <u>building</u> and <u>buying runners</u>. Advise the <u>buyer</u> to keep ears open for special offers and deals but to be aware of the limited construction time.
- Builder: Receives the pieces and construction information from the <u>building runner</u> and is the only one who can actually construct the Tinker toy model. It is important that the builder remain at the building site and that no other team members beside the building runner see what is being built.

- Store Keeper: The storekeepers may charge whatever prices seem fair. At the beginning of the activity, parts should be easy to buy to establish a sense of routine and to get some parts to the builder so he has something to work on right away. As the activity runs on and the buyers run out of corn, the storekeepers may ask participants for other things as payment. Be creative: ask for answers to questions, have them tell jokes, sing songs, or hop on one foot. Challenge them on their ability to communicate accurately. Encourage them to be as specific as possible. If they ask for "a stick," give them the wrong size. The storekeeper may make up a policy on returned or exchanged items such as a surcharge. Have sales on items not needed.

Since the activity can be confusing at first, make a map of the activity on a large piece of paper or chalkboard. Take the entire group around the activity area, explaining each job and where that job takes place. Explain how one piece is described, bought and added to the model: "The looker sees a wooden wheel and tells the buying runner who tells the buyer. The buyer goes to the store to buy the piece. If she does not describe it accurately, she may get the wrong piece or no piece at all. While the buyer is at work, the looker tells the buying runner what to do with the wooden wheel, receives the wheel from the buyer and gives it to the builder, telling him or her what to do with it. This process is repeated until the beast is built."

Have each team decide who will do each job. If there are odd numbers, make a few teams with four, eliminating the building runner, or have extra participants help in the store or be silent observers. After the positions are decided, give out job nametags and place each person in his or her area. Review the job of each team member. Make sure participants understand the activity and their jobs. Remind them that this is not competition between teams, but a challenge for each team to work together to do the best it can. Allow 30 to 45 minutes for the activity. Participants may get frustrated. This is expected and is ok.

Conclusion: (10 to 15 min) When the groups have built most of the model or when time runs out, call an end to the building. Tell builders to leave their beasts hidden and call everyone together to "process" the activity. A good way to begin is to direct questions to people with the same jobs, starting with the lookers. Was their job difficult? Why? What did they do to make it easier? Include storekeepers and silent observers in the discussion. Other questions are: What are some specific words used that were helpful? Did your team improve its strategy as it went along? Who had the hardest or most important job? Did anyone get frustrated? How could you tell others were frustrated? How did you deal with frustration?

Broaden the context. How can the activity help us in everyday life? What are some skills that are important? What are the greatest difficulties in this type of communication problem? Who makes the decisions in such situations? Are there any complications that occur from outside forces? Discuss the store. Did anyone buy pieces they didn't need? Did anyone run out of money? Was anyone asked to do something they weren't willing to do to get a piece? How did this affect the team?

End by discussing the advantages and disadvantages of working in teams. What skills have they learned through this activity that can help them work better in small groups? Now let the builders bring out their models. Have someone get the original model. See how each group did.

Commitment Form
2000 Regional Leadership Clinic (Nebraska)

<u>Creating and Sustaining Environmental Education in Your State</u>
<u>and Region 7 of the U.S. Environmental Protection Agency</u>

Thanks for all your hard work at the clinic! The purpose of this form is to identify for yourself, your team and clinic planners how you personally will:

- Work to implement your team's Action Plan following the clinic.
- Offer at least 12 hours of volunteer time to your state environmental education association in the three months following the clinic.

Please complete and hand in this form along with your clinic evaluation. This form will be mailed back to you after three months as a reminder.

I will take the following steps as a volunteer for my state environmental education association to help my state team meet its Action Plan:

Signature:_____**Date:**_____.

(Please complete your mailing address on other side.)

DANCE CARD

7:00	Breakfast
8:00	Team Check-in & Write Home
8:30	Open Space

12:00 Team Planning Session V & Lunch

Goal(s) or Topic(s) to be discussed:

Resource Person(s)/Team(s) to meet:

2:00	Field Trips
5:30	Dinner
7:30	Business Meetings & Write Home

Saturday, April 17

7:00	Breakfast
8:00	Team Check-in & Write Home
8:30	Heads Together

10:45 Team Planning Session VI

Goal(s) or Topic(s) to be discussed:

Resource Person(s)/Team(s) to meet:

12:00 Lunch

Goal(s) or Topic(s) to be discussed:

Resource Person(s)/Team(s) to meet:

1:30	Strategic Visions
3:45	Closing & Silent Auction
5:30	Banquet & Dance

Your Name:

Team Name:

The Leadership Clinic Creed:
"No two dances will be the same"

Team Goal(s)	Possible Resource Person(s)/Team(s)
1.	– – –
2.	– – –
3.	– – –
4.	– – –
5.	– – –

Wednesday, April 14	Thursday, April 15
7:00 Breakfast	7:00 Breakfast
8:00 Team Check-in & Electronic Virtual Clinic Coordinator Orientation	8:00 Team Check-in & Electronic Virtual Clinic Write Home Session
8:30 Team Planning Session I *Goal(s) or Topic(s) to be discussed:* *Resource Person(s)/Team(s) to meet:*	**8:30 Team Planning Session III** *Goal(s) or Topic(s) to be discussed:* *Resource Person(s)/Team(s) to meet:*
10:00 Share Fair	10:00 Workshops A
12:00 Lunch *Goal(s) or Topic(s) to be discussed:* *Resource Person(s)/Team(s) to meet:*	**12:00 Lunch** *Goal(s) or Topic(s) to be discussed:* *Resource Person(s)/Team(s) to meet:*
1:30 Team Planning Session II *Goal(s) or Topic(s) to be discussed:* *Resource Person(s)/Team(s) to meet:*	1:30 Workshops B
	3:45 Team Planning Session IV *Goal(s) or Topic(s) to be discussed*: *Resource Person(s)/Team(s) to meet:*
3:00 EE Barter Network & Lead Teams	
5:30 Dinner	5:30 Dinner
7:30 Electronic Virtual Clinic Write Home Session	7:30 Electronic Virtual Clinic Write Home Session

Electronic Virtual Clinic: Intent to Participate
1999 National Leadership Clinic (Albuquerque)

Your Team Liaison's Name:
Your Team Liaison's E-mail Address:
Your State or Province:

Would you like your team discussion group to be private or public? _____.
EdGateway creates private groups, and your team's Virtual Clinic Coordinator adds participants.
Private groups are accessible only to your team members.

Who will serve as your team's Virtual Clinic Coordinator?

     Name_____.
     Email Address_____.
     Street Address_____.
     City_____State_____Zip_____.
     Phone Number_____.

Will your Virtual Clinic Coordinator or others from your team bring a portable computer?
____Yes   ____No

How many computers will you bring?   ____IBM   ____MAC

How many at-home team members would like to participant in the Electronic Virtual Clinic?
_____(a minimum of three is recommended)

Might others sign on later to participate in the Electronic Virtual Clinic?___Yes   ___No
If so, approximately how many?

Names and E-mail Addresses of Confirmed At-Home Electronic Virtual Clinic Participants

First Name	Last Name	E-mail Address

A list of free e-mail accounts can be found at:
http://www.freesources.com/email.html and http://www.thatweb.com/

Fax to NEEAP at (715) 346-4748. Thank you for completing and submitting this form by
March 8, 1999!

Electronic Virtual Clinic: *Internet and You* **Survey**
1999 National Leadership Clinic (Albuquerque)

Your Name:

Your E-mail Address:

Which of the following describes you best (check all that apply):

At home I:
    __have a computer
    __use e-mail
    __use the World Wide Web

At work I:
    __have a computer
    __use e-mail
    __use the World Wide Web

I use email:
    __on a daily basis
    __regularly
    __seldom
    __I do not have e-mail

I access the World Wide Web:
    __on a daily basis
    __regularly
    __seldom
    __I do not have Internet access

__ I would like to participate in the pre-clinic discussions.

__ I would like to participate in interactive discussions with team members in my home state during the clinic.

__ I would like to serve as a reporter during the clinic, writing brief updates for World Wide Web posting in an effort to share clinic activities with Electronic Virtual Clinic participants.

__ I will bring a portable computer to the clinic. My computer is a/an __IBM __MAC
    __ I am willing to serve as the official recorder, if needed, for one or more few of the sessions that I attend.
    __ I am willing to have someone in the sessions I attend use my computer to take official session notes.

__ I would like to participate in professional development sessions concerned with:
    __ Becoming more familiar with EdGateway opportunities.
    __ Using the Internet to find environmental education resources and opportunities.
    __ Using the Internet for organizational and administrative purposes.
    __ Learning how to hold a "virtual clinic" in my state/province/region.
    __ Designing websites
    __ Other?_____

Thank you for completing this survey by March 12, 1999!

Electronic Virtual Clinic: At-Home Participant Post-Clinic Survey
1999 National Leadership Clinic (Albuquerque)

Thank you for participating as an at-home team member in the Electronic Virtual Clinic, piloted at this year's clinic to link at-home and on-site team participants via online discussion groups. Your survey input will help us improve the Electronic Virtual Clinic for future clinics.

1. Name of your leadership clinic team (state or province):

2. At what level did you participate in the Electronic Virtual Clinic? (check all that apply)
    ___Visited the clinic pages on NEEAP's website PRIOR to the clinic.
    ___Visited the clinic discussion groups on EdGateway PRIOR to the clinic.
    ___Read Electronic Virtual Clinic messages from team members about clinic activities PRIOR to the clinic.
    ___Sent messages via my team's Electronic Virtual Clinic group PRIOR to the clinic.
    ___Visited the clinic pages on NEEAP's website DURING the clinic.
    ___Read Electronic Virtual Clinic messages about clinic activities from team members DURING the clinic.
    ___Provided input to questions and/or information posted by my team DURING the clinic by sending messages via my team's Electronic Virtual Clinic group.
    ___Visited the clinic pages on NEEAP's website AFTER the clinic.
    ___Provided input to questions and/or information posted by my team AFTER the clinic by sending messages via my team's Electronic Virtual Clinic group on EdGateway.

For each of the following statements, select a number from 1-4 that best states your impressions concerning the Electronic Virtual Clinic. Use the following rating system for your answers.
1=strongly agree   2=agree   3=neutral   4=disagree   5=strong disagree

____1.   The NEEAP clinic website was informative and user friendly. *Comments:*
____2   The NEEAP clinic website helped me as I participated in my team's Electronic Virtual Clinic discussions. *Comments:*
____3.   The Electronic Virtual Clinic allowed me to experience the clinic at home. *Comments:*
____4.   The Electronic Virtual Clinic allowed me to provide input into the discussions held during my Team's Planning Sessions. *Comments:*
____5.   The Electronic Virtual Clinic allowed me to provide input to my team's efforts prior to Team Planning Sessions and meetings at the Leadership Clinic. *Comments:*
____6.   By participating in the Electronic Virtual Clinic, I was able to be more involved in the clinic and in helping achieve my team's goals than I would have been without this opportunity. *Comments:*
____7.   It was helpful to get messages from my team about its efforts at the clinic. *Comments:*
____8.   I gained a better understanding of what happened at the clinic by participating in the Electronic Virtual Clinic than I would have without this opportunity. *Comments:*
____9.   Because of my involved as an Electronic Virtual Clinic participant, I have been able to assist my team in implementing plans developed at the clinic. *Comments:*

10. Would you participate in future Electronic Virtual Clinics as an at-home participant? *Please explain:*

11. How might we improve the Electronic Virtual Clinic for at-home participants? *Please explain:*

Electronic Virtual Clinic: Virtual Clinic Coordinator Post-Clinic Survey
1999 National Leadership Clinic (Albuquerque)

Thank you for participating as a Virtual Clinic Coordinator in the Electronic Virtual Clinic. The Electronic Virtual Clinic was piloted at this year's National Leadership Clinic in Albuquerque and was designed to link at-home and on-site team participants via online EdGateway discussion groups. Your input on this survey will help us improve the Electronic Virtual Clinic for future state, regional and national clinics.

Name and Contact Information:

Please rate these aspects of the Electronic Virtual Clinic. For each of the following statements, select a number from 1-5 that best describes your experience with the Electronic Virtual Clinic. Where appropriate, provide brief comments explaining your rating.
1=strongly agree   2=agree   3=neutral   4=disagree   5=strong disagree

_____ 1. Pre-clinic preparation about the purpose of the Electronic Virtual Clinic and the role of the Virtual Clinic Coordinator was effective. *Comments:*

_____ 2. Pre-clinic training of the Virtual Clinic Coordinators via email messages for the EdGateway was effective. *Comments:*

_____ 3. Orientation of the Virtual Clinic Coordinators at the clinic was effective. *Comments:*

_____ 4. Staff support from WestEd during the clinic was effective. *Comments:*

_____ 5. The WestEd computer network provided at the clinic was effective. *Comments:*

_____ 6. The amount of time scheduled for Writing Home (posting messages and information to the at-home participants) was appropriate. *Comments:*

_____ 7. The timing of the Write Home Sessions (two sessions were set aside each day at 8:00 am and 7:30 pm) was appropriate. *Comments:*

_____ 8. The Electronic Virtual Clinic allowed team members at home to participate in the discussions my team was having at the clinic. *Comments:*

_____ 9. By participating in the Electronic Virtual Clinic, at-home team members were more involved in the clinic. *Comments:*

_____ 10. By participating in the Electronic Virtual Clinic, at-home team members were involved in helping achieve my team's goals while at the clinic. *Comments:*

_____ 11. Participation by at-home participants in the Electronic Virtual Clinic improved buy-in of our team action plan post-clinic. *Comments:*

_____ 12. Having my team's information posted on my team's Electronic Virtual Clinic site as a written record of my team's work at the clinic is helpful. *Comments:*

_____ 13. The information posted on my team's Electronic Virtual clinic site has helped my team work on its action plan and goals post-clinic. *Comments:*

_____ 14. The next clinic should include an Electronic Virtual Clinic component. *Comments:*

Please answer the following questions. Use the back of this form if you need more space.
15. What did you do prior to the clinic to recruit and prepare at-home participants for the Electronic Virtual Clinic?
16. Would you encourage your team to participate in the Electronic Virtual Clinic again?
17. Would you be willing to serve as your team's Virtual Clinic Coordinator at a future clinic?
18. How might you improve the preparation of your at-home and on-site team members for future Electronic Virtual Clinics?
19. How might planners of the next Electronic Virtual Clinic better prepare you to serve as a Virtual Clinic Coordinator?
20. Other Comments:

Evaluation Form
2000 Regional Leadership Clinic (Nebraska)

Name: (optional)   State:

1. **Rate the following elements of the overall clinic. If you indicate a rating of 1 or 2 please suggest improvements. If you did not attend an event please put NA.**

    1 = Poor   2 = Fair   3 = Good   4 = Excellent   NA = Not applicable or Did not attend

    NA   1   2   3   4   Pre-Clinic Communications
                                        Comments:

    NA   1   2   3   4   Registration
                                        Comments:

    NA   1   2   3   4   Organization
                                        Comments:

    NA   1   2   3   4   Pace
                                        Comments:

    NA   1   2   3   4   Content
                                        Comments

2. **Rate your comfort level related to the facility. If you indicate a rating of 1 or 2 please suggest improvements.**

    1 = Poor   2 = Fair   3 = Good   4 = Excellent

    1   2   3   4   Food
                            Comments:

    1   2   3   4   Lodging
                            Comments:

    1   2   3   4   Other
                            Comments:

3. Please rate and comment on the General Sessions you attended.

1 = Poor   2 = Fair   3 = Good   4 = Excellent   NA = Not applicable or Did not attend

NA   1   2   3   4   Plenary with Emilio Williams (Wed 2:00-3:30 pm)?
                                                    Comments:

NA   1   2   3   4   Plenary with Carol Weisman (Thur 12:45-1:30 pm)?
                                                    Comments:

4. Please comment on the following Clinic features:

	Plus (What worked well?)	**Minus (What didn't work well?)**	**Change (What improvements do you suggest?)**
Clinic Opening (Wed; 1-2pm)			
Team Planning Sessions (I, II, III, IV)			
Share Fair (Wed; 7:30-9pm)			
Dance Cards			
CyberCinema (Wed; 7:30-9pm)			
Open Space (Thurs; 6:45-9pm)			

You may want to refer to the Participant Biographies in your binder to help answer the next 4 questions.

5. <u>Prior to the Clinic</u>, how many of your state team members were you acquainted with well enough to contact for assistance with some aspect of your work? (check one)

   ☐ 0-3   ☐ 4-6   ☐ 7-9   ☐ 10-12   ☐ 13-15   ☐ 16-18   ☐ 19+

6. How many of your state team members are you <u>now</u> acquainted with well enough to contact for assistance with some aspect of your work? (check one)

   ☐ 0-3   ☐ 4-6   ☐ 7-9   ☐ 10-12   ☐ 13-15   ☐ 16-18   ☐ 19+

7. <u>Prior to the Clinic</u>, how many people from the other three state teams were you acquainted with well enough to contact for assistance with some aspect of your work? (check one)

   ☐ 0-3   ☐ 4-6   ☐ 7-9   ☐ 10-12   ☐ 13-15   ☐ 16-18   ☐ 19+

8. How many people from the other three Region 7 state teams are you <u>now</u> acquainted with well enough to contact for assistance with some aspect of your work? (check one)

   ☐ 0-3   ☐ 4-6   ☐ 7-9   ☐ 10-12   ☐ 13-15   ☐ 16-18   ☐ 19+

9. The following capacity building tools were introduced during Clinic plenaries and concurrent sessions. Which of these tools are you familiar with well enough to know when you might want to use them? (Check all that apply)

   ☐ OAT (Organizational Assessment Tool)
   ☐ EdGateway
   ☐ Barter Network
   ☐ Open Space Technology
   ☐ Other:

10. How might each of the following increase awareness and broaden support for EE in your state?

    A. Sustainable Funding

    B. Marketing

    C. Inclusion and Diversity

11. What additional improvements, changes, or additions do you suggest for future clinics (for example: sessions, dates, social events, format, etc.)? (use back of page for additional space)

Facilitator Role Checklist
2000 Regional Leadership Clinic (Nebraska)

Thank you for agreeing to participate in the first-ever environmental education leadership clinic for Iowa, Kansas, Missouri, and Nebraska—the four states in the U.S. Environmental Protection Agency's Region 7. This checklist is designed to assist you before and during the clinic.

Prior to the Clinic:
❑ You will be assigned to a 20-person state team for the duration of the clinic.
❑ A state team member will provide you with 3-5 environmental education goals that the team has decided it wants to work on at the clinic.
❑ You may wish to contact any number of state team members prior to the clinic to clarify identified goals and expectations of the clinic.

At the Clinic:
❑ Co-facilitate the meetings of your assigned state team during scheduled team planning times.
❑ Assist your team in finalizing goals to work on during the clinic.
❑ Help your team form sub-teams to work on each of the 3-5 goals.
❑ Provide your team and sub-teams direction for working on the 3-5 identified goals.
❑ Facilitate Sub-team Planning Sessions when the sub-teams request facilitation.
❑ Keep your team on task.
❑ Help your team identify resource people at the clinic who can assist the team with identified goals.
❑ Keep track of your team's progress.
❑ Make sure your team's Team Progress Worksheets are posted on the Team Progress Mural.
❑ Attend each morning Check-in session along with the Clinic Planning Committee and state Team Liaisons.

After the Clinic:
❑ Provide constructive feedback to the clinic planning committee for use in planning future leadership clinics.

Leadership and the New Science: Pre-Clinic Reading
1998 National Leadership Clinic (San Diego)
(Notes from a film based on Margaret J. Wheatley's book: *Leadership and the New Science*)

Narrator: In our work lives we're trying to predict the unpredictable, and to manage the unmanageable. The very thing we are struggling to control—chaos—seems to be controlling us. While order seems elusive in our workplace, it is abundant in the natural world. A cloud is a natural system that changes its shape continuously, that responds quickly to powerful unseen forces. Yet it fulfills its mission—to suspend 50 million gallons of water in virtual midair. And it does it all without a single organization chart. Dr. Margaret Wheatley looks at natural systems such as clouds and streams for new insights into our organizational lives.

Wheatley: When I was watching a stream once, I was really impressed, first of all, by the diversity of forms that were there: silt, sand, grass, rocks, and water. And it all worked together, but the way it worked was that none of it was fixed. All of it was capable of changing over time. Nature has so many things that we crave in organizations. It has enormous diversity and it has capacity. That led me to consider what might be the structure of an organization that would also allow it this wonderful flexibility and adaptability.

Wheatley: Most of us, if not all of us, still live and work in organizations that are products of 17th century thinking. That is the mindset that created them. In that mindset—where the world was a great clockwork machine—you focused great care on the parts, believing that as you put the parts together you would get something that worked very efficiently. So we broke organizations into functions. We broke people into roles. We saw people as cogs in the machinery of production.

Narrator: The rigid machine model for organizations has broken down. But where should we look for new models, ones that can allow for flexibility and the capacity for change?

Wheatley: For me, one of the natural places to look was science, because I once dreamed of being a space biologist and contributing to space probes to

Mars and such. That was a short-lived career, but the interest has sustained itself over many years.

Narrator: It was this interest that led Wheatley on a journey of inquiry into the new sciences, a world where intriguing discoveries are shattering her old concepts of the universe. What is the new science: It's a science of chaos—evolutionary biology, quantum mechanics, and field theory. In this program, we will explore four areas of the new sciences that can provide fresh insights into our workplaces and ourselves.

Wheatley: One of the things I urge people to do with any of these new science ideas is to play with them. These are not prescriptions. These are not the three steps. These are not absolutes. This is a way of looking at life in organizations—at your experiences in organizations—that may reveal some things to you that give you greater sense of potency and make you more able to do things well.

Order Can Emerge Out of Chaos
Wheatley: One of the basic things that the newer sciences do for us is change our field of vision so that we are looking and trying to perceive what is happening in the whole of something rather than looking from moment to moment or at small parts. One of the interesting places where that makes such a difference is in our understanding of chaos.

Narrator: Much of our scientific understanding of chaos came from attempts to make long-term predictions about the weather. With powerful computers and advanced modeling techniques the goal seemed attainable. But when scientists tried to apply these models they made a remarkable discovery. Over time, minute influences would throw off their calculations completely. The flapping of a butterfly's wings could influence weather thousands of miles away. Long-term prediction is impossible. However, when weather systems were plotted in three-dimensional computer space, there emerged something surprising. While from moment to moment the weather system is unpredictable, as it is plotted over time, it conforms

to a curious boundary. Scientists had not realized that the whole universe is filled with turbulent chaotic systems. When the behavior of certain of these systems is modeled on computers, striking patterns also emerge. These patterns—recurring shapes that never end—have been called the footprints of chaos. While scientists do not yet understand what these patterns mean, their very existence provides evidence of some beautiful, if mysterious, order to the universe. An order out of chaos. So, in natural systems, order is not imposed from without, it develops naturally from within. What does this mean for us and our organizations?

Wheatley: Managers are very good at studying minute details, at supervising people closely, and at watching numbers as they vary day after day or week after week. We are very good at studying small moments. But if you do that you don't allow yourself the opportunity to stand back and see if there is a pattern emerging.

Narrator: In our work lives, we fear chaos. We see it as a loss of control. So we may try to coerce team members into conforming to hastily prepared plans. Ironically, this may stifle real solutions.

Wheatley: There needs to be agreement on what it is we are trying to accomplish and the values by which we are operating, but then we [should] free people up to have this enormous range of behaviors that will look different but that we know from chaos theory will give us the patterns or a predictable shape of things that we were striving for anyway.

Narrator: Scientists now see chaos as a critical process by which natural systems constantly renew and revitalize themselves. It's something most of us have also experienced in our lives.

Wheatley: Most of us have passed through very dark times in which we let go. We plunged into such despair, or depression, or personal chaos, that we let go of how we were holding onto the world or how we were making sense of it. Those who go through such things also remark that they have come out with greater understanding, a greater sense of calm, a greater sense of purpose, and a feeling that they can handle life at a different level. And you can't get to those feelings of peace and greater creativity unless you are willing to take the plunge into chaos. So, instead of shutting down chaos, we really need to work with it as a creative force. We should understand that it is part of the

process by which life creates now levels of order and new levels of understanding.

Information Informs Us and Forms Us

Wheatley: Information and communication problems have been with us since the beginnings of organizations. We have always felt that information needs to be tightly controlled, carefully monitored, and pieced out only to people we could trust —people who had the right authority and the right clearances. We treated information as a very important but closely managed and closely guarded substance. When you start looking at the role information plays in natural living systems you see that it is the source of all change. In order to create change the system must have abundant access to information.

Narrator: Information not only allows us to change, it also provides for growth. To some scientists in the new area of evolutionary biology, a living thing can be understood as information that has taken material form. In fact, many scientists now treat information as the primary organizing force of the universe. Something we cannot see or touch is organizing our lives. Information forms us.

Wheatley: We need to have information just coursing through our organizations. It is the life-blood of organizations and it is the source of all the energy that leads to reorganization and adaptability. If you short-change it, if you stop information at the boundary, or if you refuse to look at things, what you are doing is blocking the potential for the organization to interact with its environment, to react, and to reorganize itself as needed. Whenever you bring two people together in the organization who don't normally work together or don't normally get to talk to each other, what you are doing is creating new information. It may be an idea that is seized by one person and transmitted to several others that leads eventually to a new product line, a new way of doing business, or a revolution.

Relationships Are All There Is

Narrator: Scientists have long been searching for the basic building block of matter. On the plains of Illinois, in a mile-long chamber, quantum physicists hurl subatomic particles against one another. They break them down into more fundamental units. Using an accelerator, particles such as protons, neutrons, and electrons collide almost at the speed of light. A new assortment of particles is created, which begin interacting in surprising ways, behaving less like particles and more like waves. What

scientists have discovered is that particles do not appear to exist independent of their relationship with one another. At the very foundation of the universe, we find not building blocks, but relationships.

Wheatley: I think it is true of human behavior also. We don't know who we are until we are in a relationship with someone else, or some idea, or some event. We are just like these subatomic fields. We are waves of potential moving through the space of our organization, and when we meet up with another person, or event, or thought, it evokes something. It brings forth some potential in us.

Narrator: From the new science, we learn that relationships are not merely important, they are the very fabric of our teams. Relationships are the team.

Wheatley: But you don't have to know quantum mechanics to know that when you are working in organizations that relationships are what make or break you. We need team members who know how to talk to each other, who know how to listen, who know how to support each other, and who know how to solve problems. You can't do it alone.

Vision is an Invisible Field
Wheatley: Most of us have had experience with organizational fields. You can walk into an organization, you can walk into a store, and you can walk into a family and get an instant take on what's going on. You can get an instant take on how you will be treated, or what people think of you. Now, from where are you picking up on that?

Narrator: Scientists are asking similar questions about the invisible fields in the universe. From our own sun, charged particles called the solar wind, steam at supersonic speeds toward the earth. There, they intersect with one of the earth's invisible fields—the magnetic field. Space scientists have theorized that it is this interaction that creates the aurora borealis or northern lights. To explore this theory, scientists from the Southwest Research Institute attempt to create an aurora. From the space shuttle Atlantis, they fire their own version of the solar wind—a beam of electrons—into the earth's upper atmosphere. The pulses trigger a dozen artificial auroras. In their brilliance, they reveal the power and energy hidden in the invisible fields that surround us all.

Wheatley: I think this whole notion of vision in organizations is a very good candidate for field theory. We have thought in the past that vision is

something you create, that it's out there in the future and it's sort of very old science—or a metaphor actually—that you're pulled toward it in a gravitational sort of way. But I think vision is a field. I think that when people get a sense of the capacity, and the purpose, and the dreams of the organization that are out there, then the vision field of the organization starts to influence their behavior.

Narrator: But how do we cultivate this field of vision so that it provides our teams with direction and purpose?

Wheatley: It's not the role of the team leader or the organizational leader to impose his or her mission and vision on the organization. I, more and more, see that vision emerges from the interactions, good thinking and good hearts of the people on the team or in an organization.

Narrator: If we are to flourish amidst chaos, we will need to change our very conception of how we work together in our teams and organizations.

Wheatley: I truly believe that each of us in organizations, at whatever level we are leading—whether it's the level of self, team, or whole organization—we are making up and discovering the new forms for organization life for the 21st century. I can't tell you what those forms will be. No guru or expert can tell you what shape your organization needs to be. It's not written somewhere for an expert to deliver to you. It is much more a process of collaboratively thinking together, experimenting together, playing together, and coming up with solutions and seeing if those work.

Summary
In order to thrive in a world of change and chaos, we will need to. . .
- Accept CHAOS as an essential process by which natural systems, including organizations, renew and revitalize themselves.
- Share INFORMATION as the primary organizing force in any organization.
- Develop the rich diversity of RELATIONSHIPS that are all around us to energize our teams.
- Embrace VISION as an invisible field that can enable us to recreate our workplaces, and our world.

Invitation to Participate
2000 Regional Leadership Clinic (Nebraska)

Iowa, Kansas, Missouri and Nebraska each will send 20 individuals committed to advancing the field of environmental education to the Region VII Environmental Education Leadership Clinic. A committee from each state will review the submitted applications to select participants. To submit your application, please complete this form in its entirety. **Please note:** Clinic participants are expected to attend all 3 days of the clinic and to commit at least 12 hours of volunteer time to assist in implementing action items resulting from the clinic.

Name: _____

Affiliation: _____

Position: _____

Address: _____

_____

Phone: _____Fax: _____E-mail: _____

Please complete the following questions on the back of this page or on a separate sheet of paper:
❑ What personal and professional goals do you hope to pursue by attending the clinic?
❑ What ideas will you bring to the clinic?
❑ What skills will you bring to the clinic?

If selected to participate in the USEPA Region VII Environmental Education Leadership Clinic, I commit to:
❑ Participating fully in all three days of the clinic.
❑ Offering at least **12 hours** of volunteer time to my state environmental education association to implement our team's action items in the 6 months following the clinic.

_____
Signature   Date

Please return the following items **no later than Monday, May 15, 2000**, to Shari L. Wilson, R7EELC Coordinator, KACEE, 51 South 64th St., Kansas City, KS 66111-2002. For questions, call (913) 287-6879 or e-mail kansasee@toto.net.

❑ Completed Invitation to Participate Form with signature.
❑ Biographical information, such as a resume, in support of your application.
❑ Registration fee of $25 with check or money order made payable to KACEE.

Pre-clinic information will be sent to you once you are selected to participate.
We look forward to seeing you at the clinic!

Measurable Objectives
1999 National Leadership Clinic (Albuquerque)

CLINIC GOALS	MEASURABLES OBJECTIVES
1. Provide useful clinic information on the National Environmental Education Advancement Project (NEEAP) Internet site and inform clinic participants of its availability.	Prior to the clinic, all participants will be informed of the information available on the NEEAP Internet site. At least 50% of attendees will access the NEEAP Internet site prior to the clinic. At least 50% of those who access the NEEAP website will use information to prepare for the Share Fair and other networking opportunities.
2. At-home participants will have clinic information on the Internet site to help to them stay informed and involved in the clinic.	100% of at-home participants will provide input into Team Planning Sessions. At least 70% of attendees who accessed the NEEAP website will be involved in the clinic's individual team decision-making process. Teams involved in the Electronic Virtual Clinic will communicate information and questions daily to at-home participants.
3. Participants' input will drive the clinic's design and agenda.	Participants will have three opportunities to provide input into the design of the clinic. At least 75% of the workshops will reflect input from participants.
4. Each team participating in the clinic will update their action plan.	22 teams participating in the clinic will revise their action plans.
5. Clinic participants will know that their expertise and skills are valued by their peers and by clinic organizers.	Participants' skills and expertise will be utilized at least four times during clinic sessions. Participants will be able to give a definition of environmental education capacity building and provide five key characteristics.
6. Participants will increase their understanding of the idea of state level capacity building.	Participants will be able to describe or diagram their state's environmental education capacity building infrastructures.
7. Participants will explore the issue of funder and stakeholder support in environmental education capacity building.	Participants will agree on 3-5 strategic priorities for funder and stakeholder support of environmental education capacity building.
8. The clinic will provide leadership and organizational development training for professionals working to strengthen environmental education at the state and provincial level.	Participants will demonstrate an understanding of three organizational issues and three strategies to address these issues.

Measurable Objectives
2000 Regional Leadership Clinic (Nebraska)

The primary goal of the R7EELC is to increase environmental education capacity at the state and regional levels. Objectives are to:

1. Recruit new environmental education leaders.
   - 25% of the participants will be "new" to state-level leadership roles in environmental education. New includes those who have not been active in the state environmental education organization; agency staff in strategic positions to advance EE where this has not previously happened; and others.

2. Provide leadership and organizational development training and networking opportunities to the participants.
   - Clinic participants will engage in three professional development skill sessions and will report how they will incorporate the skills in their professional and EE activities.

3. Improve networking and partnership opportunities.
   - Each participant will be familiar with ten people from his or her home state who can help work on an environmental education issue/problem/project with which the participant is involved.
   Each participant will be familiar with at least three people from other states who can advise him or her on an issue, problem, or project.

4. Engage discussion for coordination and support for environmental education.
   - Participants will become familiar with their home state EE structure and be given an opportunity for input.
   - Participants will become familiar with the EPA Region 7 EE structure and be given opportunity for input.

5. Introduce capacity building resources such as the Organizational Assessment Tool.
   - Participants will leave with knowledge of at least three environmental education capacity building tools (i.e. Organizational Assessment Tool, Guidelines for Excellence, EdGateway).

6. Introduce mechanisms of sustainable funding for organizational operation and projects.
   - Introduce marketing techniques to enhance EE awareness and broad-based support.
   - Participants will be able to state in their own words the importance of sustainable funding, marketing, and inclusion/diversity to advance EE awareness and gain broad-based support.

7. Identify activities and develop strategy for follow-up.
   - State teams will identify several priorities for action to advance environmental education in their state, establish or participate on committees aligned with the priorities, and secure commitment from team members to work on at least one committee. "Work" means giving at least 12 hours of honest effort every six months.

Professional Development Workshop Evaluation Form
2000 Regional Leadership Clinic (Nebraska)

Please rate and comment on the Professional Development Workshops you attended.

A. I attended the following workshops during Session A (please check one):
        A.1. Recruiting and Retaining Leaders
        A.2. Building Partnerships and Consensus
        A.3. Building Better Boards
        A.4. The Barter Network
        A.5. I did not attend any of the above

Please rate the session you attended:

	Strongly disagree	Disagree	Agree	Strongly Agree
1. The printed description of the session was consistent with the actual material presented.	1	2	3	4
2. I developed new Professional skills, techniques, or competencies as a result of my participation.	1	2	3	4
3. Presenter(s) provided opportunities for participants to share our expertise.	1	2	3	4
4. Presenter(s) involved participants actively in discussions and/or activities.	1	2	3	4
5. Presenter(s) enabled participants to experience skills, techniques and strategies first-hand.	1	2	3	4
6a. I will use ideas or information from this session.	1	2	3	4

6b. If you marked 4 or 3, please explain how you will use the ideas or information:

7. Questions/comments/suggestions for improvement:

Professional Development Workshop Solicitation Notice and Application
1999 National Leadership Clinic (Albuquerque)

To: Environmental Education Leaders and Organizational Consultants
From: 1999 National Leadership Clinic Program Subcommittee
RE: Call for Workshops for the 1999 National Leadership Clinic (Albuquerque)

The Leadership Clinic Program Subcommittee is soliciting workshop proposals to be reviewed
and rated by the clinic participants themselves. We invite you to submit a proposal because of
your prior involvement in clinics or your work in the area of environmental education capacity
building and/or leadership and organizational development. Below is a description of the clinic.
Also enclosed are the clinic goals and measurable objectives to aid you in designing a proposal.
Please call the NEEAP office if you have questions or need assistance completing the
application. Thanks and good luck!

What is the *1999 National Leadership Clinic* all about?
The clinic is a participant-driven, professional development event for environmental education
leaders at which "Everyone has something to give; everyone has something to gain." Clinic
participants include teams of state/provincial environmental education leaders; local, state and
national Resource People; and Facilitators. The purpose of the Clinic is threefold: (1) to provide a
growing network of environmental education leaders with opportunities to exchange information
and ideas; (2) to provide leaders with training in organizational development, grassroots
organizing, strategic planning; (3) to help teams develop or refine action plans. Much of the clinic
is spent in Team Planning Sessions, during which teams invite Facilitators, Resource People, and
other teams to work with them as-needed. Teams also work together periodically in larger,
multiple-team groups to address topics of shared interest or concern.

What are the participatory workshops?
Two-hour and four-hour workshops will be offered by and for Clinic participants to provide in-
depth training in areas related to local and regional environmental education capacity building. In
keeping with the clinic's participant-driven design, the workshops offered will embody innovation
on two levels: (1) content (what topics or initiatives are addressed during the workshops); (2)
process (how the workshop itself is structured and delivered).

Who may submit a workshop proposal?
Any Clinic participant or group of participants is invited to submit a workshop proposal, whether
you plan to attend the Clinic as a resource person, facilitator, or member of a state/provincial team.
Those selected to lead a workshop will be asked to join the Program Committee for at least one
meeting in order to fully integrate your workshop into the overall Clinic structure and program.

How will workshops be selected?
Jan 29, 1999 –   Workshop proposals due to the Program Subcommittee.
Feb 1, 1999   –   Program Committee sends workshop proposals to each state/provincial team
                  registered for the clinic. Each team ranks proposals in order of preference.
Feb 12, 1999 –   State/provincial teams return rankings to Program Committee.

Mar 1, 1999   –   Presenters notified. Program Committee makes final selection of workshops based on team rankings and on selection priorities.

What are the workshop selection priorities?
Priority will be given to workshops that reflect the spirit of the *Clinic's* participant-driven design. Workshops must demonstrate innovation on two levels: (1) content (topics or initiatives addressed during the workshop); and (2) process (how the workshop itself is structured and delivered). Specifically, priority will be given to workshops that:
- Address topics or issues critical to local, state/provincial, or regional EE capacity building;
- Result in a "product" that individuals and teams can take back to their home states (e.g.: a fundraising proposal, EE guidelines drafted, a press release or story, a management plan…)
- Develop specific professional skills, techniques, or competencies;
- Stress active involvement by and draw on expertise of participants in discussions and activities;
- Model the skills, techniques, and strategies being addressed. (In other words, rather than tell participants about a process, lead them through it so that they can experience it first-hand.)

<div align="center">

Professional Development Workshop Application

</div>

Workshop Title:

Primary Presenter/Contact:

Last Name:_____First Name:_____

Affiliation:_____

Street Address:_____

City:_____State/Province:_____Country:_____Zip Code:

Phone:_____Fax:_____E-mail:

Additional Presenters:

Last Name:_____First Name:_____

Affiliation: _____

Last Name:_____First Name:_____

Affiliation: _____

Session Format (check one):
    ☐ 2-hour workshop   ☐ 4-hour workshop

Workshop Summary/Description – 150 word limit (this will be used for selection purposes and to appear in *Clinic* program):

Detailed Workshop Agenda:

Item/Activity	Purpose	Pedagogical or Group Process Strategy Employed	Time Length

How is the workshop's content new or innovative?

How is the workshop's design and delivery process new or innovative?

Presenter Agreement
"If selected, I agree to participate in 1-3 Program Committee conference calls in March and April 1999 to ensure that my workshop is integrated into and reflects the spirit of the Clinic's participant-driven design."

Signature of Primary Presenter/Contact:

Submit Proposal by <u>Friday, January 29, 1999</u> to:
National Environmental Education Advancement Project,
College of Natural Resources, University of Wisconsin–Stevens Point, Stevens Point, WI 54481
aruskey@uwsp.edu, 715-346-4179 (phone), 715-346-4748 (fax)

Resource Person Role Checklist
2000 Regional Leadership Clinic (Nebraska)

Thank you for agreeing to participate in the first-ever environmental education leadership clinic for Iowa, Kansas, Missouri, and Nebraska—the four states in the U.S. Environmental Protection Agency's Region 7. This checklist is designed to assist you before and during the clinic.

Prior to the Clinic:

❑ Return Workshop Description Form(s), Share Fair Opportunity Form, and Personal Biography to Shari Wilson no later than Friday, 23 June.

❑ Participate in a conference call to discuss and finalize the clinic schedule in early July (possible dates will be e-mailed to determine what is most convenient).

❑ Work with co-presenters (if applicable) and the clinic planning committee to design sessions that are interactive and meet clinic objectives.

❑ Make early travel arrangements and notify Shari Wilson of your travel plans as soon as possible so that grant forms can be submitted.

❑ Prepare the items you will need for the Share Fair.

At the Clinic:

❑ Participate in the Orientation Session on Wednesday from 10:30 to 11:30 a.m.

❑ Participate in Check-In sessions on Thursday and Friday from 7:15 to 7:45 a.m.

❑ Participate in the Share Fair on Wednesday from 7:30 to 9 p.m.

❑ Conduct a dynamic, lively, enlightening session(s) that meets clinic objectives and provides opportunity for participation from the audience.

❑ Be available to meet with state teams during their Team Planning Sessions to lend your expertise as they develop Action Plans to address state goals.

❑ Network, talk about your programs and profession, and have fun!

After the Clinic:

❑ Provide constructive feedback to the clinic planning committee for use in planning future leadership clinics.

Site Visit Checklist

Name of site: Site Contact Person: Title:
Address: Phone: FAX: E-mail:

❑ Meeting Rooms
- ❑ Map #1 = name, location, size, dimensions & seating capacity of rooms
- ❑ Map #2 = lighting, outlets, phone jacks & regulations (wall hangings…)
- ❑ Map #3 = Team Planning areas (break-out spaces such as common/lobby areas and smaller set-ups in larger conference rooms work well for this).
- ❑ When does site staff need a schedule of session times/room set-ups?
- ❑ Can we secure rooms round-the-clock?
- ❑ What is acceptable adhesive for hanging signs on walls?
- ❑ Can we move the furniture from different areas of the site?
- ❑ Is the lighting adjustable?
- ❑ Is there modem capability for Internet connections and enough electricity to host a number of laptops? Which rooms allow this? Can these rooms be secured?

❑ Sleeping Rooms
- ❑ Map #4 = types, location & sizes of rooms
- ❑ Discounted rates – Is there flexibility with room changes?
- ❑ Does the site have a "Green" Policy? What are it's environmentally friendly practices?
- ❑ Non-smoking/Smoking needs
- ❑ Handicap accessible (rooms: _____)

❑ Staff Central
- ❑ Is there a place, free of charge, to store boxes of supplies and equipment prior to the clinic? How should boxes mailed prior to the clinic be addressed?
- ❑ Can we utilize a phone/photocopier/computer for last minute details? Is there a charge?

❑ Meals & Snacks – Main site contact and signed contract
- ❑ Does the site have a catering service? If not, is there a caterer that site staff use or recommend? In either case, sample the food and ask for references.
- ❑ Is there flexibility with the menu (ex: serving dessert a few hours after dinner)? What vegetarian options are there?
- ❑ What is the policy for bringing food and drinks from outside vendors?
- ❑ What is the policy for serving alcoholic beverages?

❑ Equipment
- ❑ List of available equipment and costs
- ❑ What outside vendor is recommended for additional equipment needs?
- ❑ What is the policy for bringing our own equipment? Is there a storage area for this?
- ❑ Does site staff coordinate room and equipment set-up or will we need to do this?

❑ Shuttle – Does the site provide shuttle service from the airport? Is there a charge?

❑ Contract – Signed by Site Manager and our organization's Budget Director

Team Liaison Role Checklist
2000 Regional Leadership Clinic (Nebraska)

Thank you for agreeing to participate in the first-ever environmental education leadership clinic for Iowa, Kansas, Missouri, and Nebraska, the four states in the U.S. Environmental Protection Agency's Region 7. This checklist is designed to assist you before and during the clinic.

Prior to the Clinic:
- ❑ You will represent your 20-person state team for the duration of the clinic. Each team has two Team Liaisons.
- ❑ Work with your state's planning committee members and state team members to develop
- ❑ 3-5 environmental education goals that the team wants to work on at the clinic.
- ❑ Provide these goals to your Team Facilitators at least 10 days prior to the clinic. The Facilitators may wish to contact any number of state team members prior to the clinic to clarify identified goals and expectations of the clinic.
- ❑ Work out carpooling arrangements for your state team.
- ❑ Bring your state environmental education association's display to the clinic.

At the Clinic:
- ❑ Attend an Team Liaison Orientation at the clinic from 10:30 to 11:30 a.m. on Wednesday, 26 July.
- ❑ Attend Check-ins from 7:15 to 7:45 a.m. on Thursday and Friday, 27 and 28 July.
- ❑ Attend your team's Team Planning Sessions.
- ❑ Communicate as needed with your Team Facilitators about team progress and teaming issues.
- ❑ Monitor continually the progress of your state team and individual members, and report problems and successes at the Check-in sessions.
- ❑ Make copies to keep of your Team Progress Worksheets prior to posting them on the Team Progress Mural. Originals will be kept by the planning committee.
- ❑ Remind and encourage team members to view the other states' worksheets on the Team Progress Mural and make suggestions to other teams using the post-it notes provided.
- ❑ Ensure that your team is represented at all concurrent sessions.

After the Clinic:
- ❑ Provide constructive feedback to the clinic planning committee for use in planning future leadership clinics.

Team Member Role Checklist
2000 Regional Leadership Clinic (Nebraska)

Thank you for agreeing to participate in the first-ever environmental education leadership clinic for Iowa, Kansas, Missouri, and Nebraska—the four states in the U.S. Environmental Protection Agency's Region 7. This checklist is designed to assist you before and during the clinic.

Prior to the Clinic:
❑ Work with your state Team Liaisons to determine 3 to 5 state environmental education goals that the team wants to work on at the clinic.
❑ You may be contacted by a Team Facilitator prior to the clinic to clarify your goals and expectations for the clinic.
❑ Read through the materials in the pre-clinic packet.

Bring to the Clinic:
❑ Information contained in the pre-clinic packet. It is 3-hole punched to fit into the notebook you will receive at the clinic.
❑ Casual clothes! Shorts, t-shirts, and sandals or other comfortable shoes are the appropriate dress for this clinic.
❑ One or two items from your program for door prizes (such as t-shirts, curriculum, books, mugs, items reflecting your state, etc.).
❑ Items for the Share Fair, should you choose to participate (such as business cards, summaries of your program, brochures, etc.). Each person will have approximately 1/4 of a round table available. We will not have room for tabletop displays.
❑ Musical instruments if you play!

At the Clinic:
❑ Arrive at the Lied Conference Center in time for lunch at 12 noon on Wednesday, 26 July (lunch is included as part of the clinic package). Registration begins at 10:30 a.m. The clinic activities start at 1 p.m. sharp.
❑ Plan to stay for the entire clinic. The clinic will end at 1 p.m. on Friday, 28 July.
❑ Plan to attend all clinic activities. Since the objective of the clinic is to strengthen EE capacity in your state, your attendance at the sessions is vital to the clinic's success and your team's ability to make progress on its goals.
❑ Network, learn a lot, share a lot, and HAVE FUN!

After the Clinic:
❑ Provide constructive feedback to the clinic planning committee for use in planning future leadership clinics.

Clinic Goals & Org Niche

_____
(team)

Clinic Goals

Organizational Niche

Post on Team Progress Mural.
(Teams participating in Virtual Clinic also post on EdGateway.)

Team Planning Session I
Wednesday, April 14 8:30 - 9:45 am

SESSION OBJECTIVES

By the end of this session, you and your team members will:

• Understand the Clinic agenda, procedures, and resources available.
• Finalize the 3-5 goals your team will focus on during the Clinic.
• Discuss the niche your EE2000 team and/or affiliate organization fills in your state/province.
• Develop a "game plan" for the Share Fair.

TEAM WORK CHECKLIST

❑ **Review**: Review the Clinic agenda, procedures, and resources to ensure that all team members understand how the Clinic is structured.

❑ **Complete**: Finalize the 3-5 <u>goals</u> your team will focus on at the Clinic.

❑ **Complete**: Discuss the <u>niche</u> your EE2000 team and/or affiliate organization fills in your state/province. ("Niche" is the unique role your team/organization serves in your state/province. Keep in mind that, where niches overlap, there is competition.) _Niche:_

❑ **Prepare**: Develop a "game plan" for the Share Fair scheduled at 10:00 am - 12:00 today. Who will staff your team's table at which times? Which team members will speak with whom? (Refer to Share Fair descriptions and personal and organizational biographies).

Team Member _____ _Time Slot_ _____ .
Team Member _____ _Time Slot_ _____ .
Team Member _____ _Time Slot_ _____ .

❑ **Record**: List your team's goals and niche on the yellow sheet entitled _Goals for Clinic and Organizational Niche_ and post on the Team Progress Mural before lunch. Teams participating in Virtual Clinic also post _Goals for Clinic and Organizational Niche_ on EdGateway.

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Planning/Training Session II

_____ (team)

<u>Accomplishments</u>

<u>Questions</u>

Post on Team Progress Mural.
(Teams participating in Virtual Clinic also post on EdGateway.)

Team Planning Session II
Wednesday, April 14 1:30 - 2:45 pm

SESSION OBJECTIVES

By the end of this session, you and your team members will:

- Discuss the Share Fair experience.
- Review Dance Card appointments with resource people and other teams.
- Make progress on one or more team-identified goals.
- _____ (other team-identified objective)
- _____ (other team-identified objective)

TEAM WORK CHECKLIST

☐ **Reflect**: Identify and discuss what information and ideas your team gained at the Share Fair. Which of these ideas does your team want to explore further and how will you pursue them?

☐ **Review**: Discuss your team's Dance Card. What appointments have you made with resource people and other teams? With whom would your team still like to schedule appointments?

☐ **Progress**: Work as a team to make progress on one or more of your team-identified goals.

Accomplishments (resulting from this team planning session):

Questions (resulting from this team planning session):

☐ **Record**: List your team's accomplishments and questions on the green *Accomplishments & Questions* sheet and post on the Team Progress Mural before dinner. Teams participating in Virtual Clinic also post *Accomplishments & Questions* on EdGateway.

Planning Session III

_____ (team)

Accomplishments

Questions

Post on Team Progress Mural.
(Teams participating in Virtual Clinic also post on EdGateway.)

Team Planning Session III
Thursday, April 15 8:30 - 9:45 am

SESSION OBJECTIVES

By the end of this session, you and your team members will:

- Discuss possible benefits/uses of the EE Barter Network and EE Lead Teams.
- Review Dance Card appointments with resource people and other teams.
- Make progress on one or more team-identified goals.
- Have a "game plan" for who attends which workshops.
- _____ (other team-identified objective)
- _____ (other team-identified objective)

TEAM WORK CHECKLIST

☐ **Reflect**: How can your state/province utilize the Barter Network and/or Lead Teams after the Clinic?

☐ **Review**: Discuss your team's Dance Card. What appointments have you made with resource people and other teams? With whom would your team still like to schedule appointments?

☐ **Progress**: Work as a team to make progress on one or more of your team-identified goals.

Accomplishments:

Questions:

☐ **Prepare**: Develop a team "game plan" for who attends which workshops.

☐ **Record**: List your team's accomplishments and questions on the green _Accomplishments & Questions_ sheet and post on the <u>Team Progress Mural</u> before lunch. Teams participating in Virtual Clinic also post _Accomplishments & Questions_ on <u>EdGateway</u>.

Team Planning Session IV
Thursday, April 15 3:45 - 5:00 pm

SESSION OBJECTIVES

By the end of this session, you and your team members will:

- Discuss information and ideas gained from Workshops A and B.
- Review the niche your EE2000 team and/or affiliate organization fills in your state/province.
- Make progress on one or more team-identified goals.
- _____ (other team-identified objective)
- _____ (other team-identified objective)

TEAM WORK CHECKLIST

☐ **Reflect**: Summarize for each other your workshop experiences, including what new ideas or initiatives your team would like to explore further.

☐ **Review**: Discuss the niche you identified in Session I. Does it need modifications? If so, what is your revised niche?

   Revised Niche:

☐ **Progress**: Work as a team to make progress on one or more of your team-identified goals.

   Accomplishments:

   Questions:

☐ **Record**: Post the following on the Team Progress Mural before dinner: (1) revised niche statement on the yellow *Organizational Niche* sheet (which was posted after SESSION I); and (2) accomplishments and questions on the green *Accomplishments & Questions* sheet. Teams participating in Virtual Clinic also post *Accomplishments & Questions* on EdGateway.

Planning Session IV

_____
(team)

Accomplishments

Questions

Post on Team Progress Mural.
(Teams participating in Virtual Clinic also post on EdGateway.)

Team Planning Session V
Friday, April 16 12:00 - 1:45 pm

SESSION OBJECTIVES

By the end of this session, you and your team members will:

- Discuss information and ideas gained from Open Space.
- Make progress on one or more team-identified goals.
- Draft 2 questions and/or issues your team will discuss with other teams during Heads Together.
- _____ (other team-identified objective)
- _____ (other team-identified objective)

TEAM WORK CHECKLIST

☐ **Reflect**: Summarize for each other your Open Space experiences, including what new ideas or initiatives your team would like to explore further.

☐ **Progress**: Work as a team to make progress on one or more of your team-identified goals.

   Accomplishments:

   Questions:

☐ **Prepare**: Draft 2 questions and/or issues your team would like to serve as topics for discussion and problem solving with other teams during Heads Together.

   1.
   2.

☐ **Record**: Post on the Team Progress Mural before dinner the accomplishments & questions and issues for use during Heads Together on the green *Accomplishments & Questions* sheet. Teams participating in Virtual Clinic also post above items on EdGateway.

Planning Session V

_____
(team)

Accomplishments

Questions

Heads Together Issues/questions:

1.

2.

Post on Team Progress Mural.
(Teams participating in Virtual Clinic also post on EdGateway.)

Planning Session VI & Taking It Home

_____ (team)

Accomplishments

Questions

Steps

Who is Responsible

Post on Team Progress Mural.
(Teams participating in Virtual Clinic also post on EdGateway.)

Team Planning Session VI
Saturday, April 17 10:45 am - 12:00 pm

SESSION OBJECTIVES

By the end of this session, you and your team members will:

- Discuss the Heads Together experience.
- Make progress on one or more team-identified goals
- Develop a game plan for implementing your team's plans following the Clinic.
- _____ (other team-identified objective)
- _____ (other team-identified objective)

TEAM WORK CHECKLIST

☐ **Reflect**: Identify and discuss what information and ideas your team gained at Heads Together. Which of these ideas does your team want to explore further and how will you pursue them?

☐

☐ **Progress**: Work as a team to make progress on one or more of your team-identified goals.

Accomplishments:

Questions:

☐ **Prepare**: What steps will you take to implement your team's action plan following the clinic?

Who is Responsible:

Steps:

☐ **Record**: Post the following on the Team Progress Mural before lunch: (1) accomplishments and questions on the green _Accomplishments & Questions_ sheet; and (2) steps for implementing your action plan following the Clinic on the blue sheet entitled _Taking it Home_. Teams participating in Virtual Clinic also post above items on EdGateway.