

Sample Course Registration & Participant Information Form:

Note: Items highlighted are summarized on the Course Report Form

Exploring the Small Farm Dream: COURSE REGISTRATION

Date: _____ Course Location: _____

Enclosed is my check for \$ _____ .00 for a single participant (includes one workbook), or for \$ _____ .00 for two participants/single enterprise (includes one workbook).

Please make check out to _____ and mail to _____.

Thank you.

PARTICIPANT INFORMATION

Information about *Explorer* course participants helps us make improvements to future *Explorer* workbook editions. *It will remain strictly confidential!* Items marked (*) are provided to the *Explorer* Program in summary form. Thank you!

1) Contact Information

Farm Name (if any)
Your First Name:
Your Last Name:
Email:
Phone:
Mailing Address:
Farm Partner First Name (if also course participant):
Farm Partner Last Name:
Email:
Phone:

2) Current Stage of Farm Business Planning

(Check the one that best describes you)

<input type="checkbox"/>	I/we are <i>thinking about</i> starting a farm business.
<input type="checkbox"/>	I/we are <i>actively planning</i> to start a farm business within the next year or two. Also check here if you are transitioning from “hobby” to farm business.
<input type="checkbox"/>	I/we are <i>currently running my/our own farm business and am/are in the process of re-strategizing</i> (must be filing tax returns for the farm business)
<input type="checkbox"/>	Other (please describe):

3) Access to Land

Do you currently have access to land for your proposed farm (Yes/No)? _____

If yes, do you:

<input type="checkbox"/>	Own	Location/#acres
<input type="checkbox"/>	Lease/Rent	Location/#acres
<input type="checkbox"/>	Other (describe):	Location/#acres

4) Your Current Farm Business Idea

Check the box that best describes the type of farm you want to have, or your current enterprise, then use the space below to provide more detail, including ideas for marketing your products (e.g., CSA, farmers markets, restaurants, wholesale)

<input type="checkbox"/>	Vegetables & herbs	<input type="checkbox"/>	Livestock
<input type="checkbox"/>	Small Fruits	<input type="checkbox"/>	Poultry
<input type="checkbox"/>	Tree fruits	<input type="checkbox"/>	Educational programs
<input type="checkbox"/>	Flowers & nursery plants	<input type="checkbox"/>	Agritourism
Describe:			

5) Your Goals for the Course

Please describe what you hope to gain from taking the *Explorer* course.

Your Farming & Business Background

6) Do you have farming experience (Yes/No)?:

You: _____ Farm Partner: _____

Check all that apply: _____ Check all that apply: _____

<input type="checkbox"/>	Grew up on farm	<input type="checkbox"/>	Grew up on farm
<input type="checkbox"/>	Apprenticed on farm	<input type="checkbox"/>	Apprenticed on farm
<input type="checkbox"/>	Laborer on farm	<input type="checkbox"/>	Laborer on farm
<input type="checkbox"/>	Currently or have run own farm	<input type="checkbox"/>	Currently run or have run own farm
<input type="checkbox"/>	Backyard gardener/homesteader	<input type="checkbox"/>	Backyard gardener/homesteader
<input type="checkbox"/>	Studied agriculture at vocational or post-secondary school	<input type="checkbox"/>	Studied agriculture at vocational or post-secondary school
<input type="checkbox"/>	Other (describe):	<input type="checkbox"/>	Other (describe):

7) Have you ever been self-employed (Yes/No)?

You: _____ Farm Partner: _____

8) Briefly describe you business and/or management experience:

You:

Farm Partner:

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9) Briefly describe your educational background:

You:

Farm Partner:

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10) Demographic Information (optional)

You:

Farm Partner (if also course participant):

	Gender:		Gender:
<input type="checkbox"/>	Female	<input type="checkbox"/>	Female
<input type="checkbox"/>	Male	<input type="checkbox"/>	Male
	Age:		Age:
<input type="checkbox"/>	Under 25	<input type="checkbox"/>	Under 25
<input type="checkbox"/>	26 - 35	<input type="checkbox"/>	26 - 35
<input type="checkbox"/>	35 - 45	<input type="checkbox"/>	35 - 45
<input type="checkbox"/>	Over 45	<input type="checkbox"/>	Over 45
	Race/Ethnicity:		Race/Ethnicity:
<input type="checkbox"/>	African American	<input type="checkbox"/>	African American
<input type="checkbox"/>	Asian American	<input type="checkbox"/>	Asian American
<input type="checkbox"/>	Caucasian	<input type="checkbox"/>	Caucasian
<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Hispanic
<input type="checkbox"/>	Native American	<input type="checkbox"/>	Native American
<input type="checkbox"/>	Other (specify):	<input type="checkbox"/>	Other (specify):

Exploring the Small Farm Dream Course Participant's Evaluation Form

Your feedback is important to us! In addition to the information we ask you to provide below, we welcome any information you are willing to share about your experience taking this course.

Course Sponsor & Dates:

Instructor #1: Instructor #2:

Please circle the number that most closely matches your opinion in each of the following areas:

	<u>Not Applic.</u>	<u>Poor</u>	<u>Satisfactory</u>	<u>Excellent</u>		
Usefulness of Course	N/A	1	2	3	4	5
Overall Quality of Course	N/A	1	2	3	4	5
Quality of Instruction/Facilitation						
Instructor #1	N/A	1	2	3	4	5
Instructor #2	N/A	1	2	3	4	5
Information Gained	N/A	1	2	3	4	5
Quality of workbook	N/A	1	2	3	4	5
Quality of NESFI website	N/A	1	2	3	4	5

Please answer the following questions. Use the back of this sheet if more space is required.

1. Are you better able now (than at the start of the course) to answer the question "Am I ready to start an agricultural business"? Yes _____ No _____

2. Was the # of sessions a) too few _____ b) too many _____ c) just about right _____

3. Was the course length a) too short _____ b) too long _____ c) just about right _____

4. What was the single most important thing that you gained from the course?

5. What could we do to make this course more useful for you?

Comments: *(Please use the reverse of this page to make comments and elaborate on any point above that you rated 3 or below.)*

Thank you!

Exploring the Small Farm Dream Course Report Form

Most of the information for this report will be compiled from your course registration forms and course evaluations. This data will help us to compile a profile of course users and provide us with information to continually improve the Explorer Program. We also welcome any additional information you are willing to share about your experience delivering the course.

Send completed reports to: NESFI/Explorer, P.O. Box 608, Belchertown, MA 01007.

Information About Your Course:

1) Course Sponsor (organization name): _____

2) Website: _____

3) Person completing report: _____ 4) Email: _____

5) Course Instructor #1: _____ 6) Email: _____

7) Course Instructor #2: _____ 8) Email: _____

9) Course location (City/Town): _____

10) State/Province: _____

11) Dates held: From (mm/dd/yy) _____ 12) To (mm/dd/yy) _____

13) Did you use (check all that apply): single instructor? _____ co-instructors? _____

guest speakers? _____ 4-session model? _____ Other? _____ (Describe: _____)

14) Please describe any innovations you made to the course that you would like to share with other course sponsors. Use reverse or attach a separate page.

Information About Your Participants (please list number in each category):

15) Total # individuals: _____ 16) Total # potential farms: _____

17) Stage of Farm Business Planning:

Thinking about starting a farm business _____

Actively planning to start a farm business _____

Currently running own farm business _____

Other _____

18) Access to land: # that responded "yes" _____

- 19) Farm business ideas:
- | | | | |
|---------------------|-------|---------------|-------|
| # Vegetable & herbs | _____ | #Livestock | _____ |
| # Small fruits | _____ | # Poultry | _____ |
| # Tree fruits | _____ | # Educational | _____ |
| # Flowers/nursery | _____ | # Agritourism | _____ |

20) Farming experience: # that responded “yes” _____

21) Self-employment experience: # that responded “yes” _____

22) # Females: _____ # Males: _____

23) # African American _____ #Asian American: _____ # Caucasian: _____

Hispanic: _____ #Native American: _____ # Other _____

24) # under 25 _____ # 26 – 35 _____ # 35 – 45 _____ # over 45 _____

Participant Evaluations:

Attach copies of your participant evaluations or summarize the results below. For #20 - #26 use an average of the ratings (e.g., 8 participants circled 5 for Usefulness, 4 circled 3 so the average would be 4.3).

25) # of evaluations received _____

26) Usefulness of course _____

27) Overall quality of the course _____

28) Quality of instructor #1 _____

29) Quality of instructor #2 _____ (if only one instructor enter n/a)

30) Information gained _____

31) Quality of workbook _____

32) Quality of NESFI website _____

33) # that responded “yes” they are better able to answer the question “Am I ready to start an agricultural business?” _____ 34) % that answered “yes” _____

35) Please share any comments that you think will be helpful to the program or that tell us what a great job you did! Use reverse or attach a separate page.