OMB Approval No.: 0560-0237

OMB Expiration Date: 12/31/2025

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| **FSA-2376 U.S. DEPARTMENT OF AGRICULTURE**  Farm Service Agency  **BORROWER TRAINING COURSE EVALUATION** | | | | | | | | | | | |
| ***INSTRUCTIONS:*** *Vendor shall return this completed form to the FSA Office.* | | | | | | | | | | | |
| **PART A – VENDOR INFORMATION** | | | | | | | | | | | |
| 1. Vendor’s Name | | | | | | 2. Course Title | | | | | |
|  | | | | | |  | | | | | |
| 3A. Address Line 1 | | | | | | 4A. Primary Phone Number  Home  Cell | | | | | |
|  | | | | | |  | | | | | |
| 3B. Address Line 2 | | | | | | 4B. Alternate Phone Number  Home  Cell | | | | | |
|  | | | | | |  | | | | | |
| 3C. City | 3D. State | | 3E. Zip | | | 5. Instructor's Name | | | | | |
|  |  | |  | | |  | | | | | |
| 6. Dates of Training Course | | | | | | 7. Location | | | | | |
|  | | | | | |  | | | | | |
| **PART B - TO BE COMPLETED BY BORROWER** | | | | | | | | | | | |
| 1. The topics covered in class were helpful to me in my business.......... | | Yes | |  | Partially | |  | No |  | 11. Comments on the strong points of the course: | |
| 2. The coverage of the subject matter was................................................ | | Excellent | |  | Sufficient | |  | Poor |  |
| 3. The suitability of the instruction material was.................................. | | Excellent | |  | Sufficient | |  | Poor |  |
| 4. The level of the course was............. | | Too Advanced | |  | Appropriate | |  | Too Easy |  |
| 5. The length of the course was .......... | | Too Long | |  | Appropriate | |  | Too Short |  |
| 6. The amount of outside work was...... | | Too Much | |  | Appropriate | |  | Too Little |  | 12. Comments on the weak points of the course: | |
| 7. The instructor was........................... | | Excellent | |  | Good | |  | Poor |  |
| 8. The facilities were........................... | | Excellent | |  | Good | |  | Poor |  |
| 9. Will you continue to take training courses in financial management if not required? | | Yes | |  | Maybe | |  | No |  |
| 10. Would you recommend this course to other individuals? | | Yes | |  | No Comment | |  | No |  |
| 13A. Applicant’s Signature | | | | | | | | | | | 13B. Date *(MM/DD/YYYY)* |
|  | | | | | | | | | | |  |
| **After you have completed this evaluation, please return it to the Vendor.** | | | | | | | | | | | |

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