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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