

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 <input type="checkbox"/> Home <input type="checkbox"/> Cell	
3B. Address Line 2		4B. Alternate Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell	
3C. City	3D.	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	<input type="checkbox"/>	Partially	<input type="checkbox"/>	No	<input type="checkbox"/>	11. Comments on the strong points of the course:	
2. The coverage of the subject matter was.....	Excellent	<input type="checkbox"/>	Sufficient	<input type="checkbox"/>	Poor	<input type="checkbox"/>		
3. The suitability of the instruction material was.....	Excellent	<input type="checkbox"/>	Sufficient	<input type="checkbox"/>	Poor	<input type="checkbox"/>		
4. The level of the course was.....	Too Advanced	<input type="checkbox"/>	Appropriate	<input type="checkbox"/>	Too Easy	<input type="checkbox"/>		
5. The length of the course was .....	Too Long	<input type="checkbox"/>	Appropriate	<input type="checkbox"/>	Too Short	<input type="checkbox"/>		
6. The amount of outside work was.....	Too Much	<input type="checkbox"/>	Appropriate	<input type="checkbox"/>	Too Little	<input type="checkbox"/>		12. Comments on the weak points of the course:
7. The instructor was.....	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Poor	<input type="checkbox"/>		
8. The facilities were.....	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Poor	<input type="checkbox"/>		
9. Will you continue to take training courses in financial management if not required?	Yes	<input type="checkbox"/>	Maybe	<input type="checkbox"/>	No	<input type="checkbox"/>		
10. Would you recommend this course to other individuals?	Yes	<input type="checkbox"/>	No Comment	<input type="checkbox"/>	No	<input type="checkbox"/>		

13A. Applicant's Signature	13B. Date (MM/DD/YYYY)

**After you have completed this evaluation, please return it to the Vendor.**

**Privacy Act Statement:** *The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a - as amended). The authority for requesting the information identified on this form is the Consolidated Farm and Rural Development Act, as amended (7 U.S.C. 1921 et. seq.). The information will be used to determine eligibility and feasibility for loans and loan guarantees, and servicing of loans and loan guarantees. The information collected on this form may be disclosed to other Federal, State, and local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in the applicable Routine Uses identified in the System of Records Notice for USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a denial for loans and loan guarantees, and servicing of loans and loan guarantees. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.*

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