



To be completed and signed at the completion of year one.

Enrollee Name			
Address	City	State	ZIP Code
Telephone Number	County FSA Office		
Date Enrolled	Date Completed Year One		Score Year One

**Assignments, Comments, Remarks**

Goals Family & Business
Business Plan – FSA Farm Plan
Inventory
Accounting Records
Balance Sheet & Income Statement
Tax Management
Closeout Analysis
Other

Program Score Year One	Local Education Agency (LEA) & Location	
Enrollee Signature		Date
Instructor Printed Name	Instructor Signature	Date

The instructor will assign the borrower a score from 1-3 according to the following criteria:

- “1” The borrower attended classroom sessions as agreed, satisfactorily completed all assignments, and demonstrated an understanding of the course material.
- “2” The borrower attended classroom sessions as agreed and attempted to complete all assignments; however, the borrower does not demonstrate an understanding of the course material.
- “3” The borrower did not attend classroom sessions as agreed and/or did not attempt to complete assignments. In general, the borrower did not make a good faith effort to complete the training.

(Please return a completed copy to the local FSA Office and to Craig Kleven - ND CTE, 600 E Boulevard Ave., Dept 270, Bismarck, ND 58505)