

Evaluation

Please check all that apply to you:

- Farmer; please provide farm name: _____
 - Beginning Farmer
 - Currently use cover crops on my farm
 - Minority/Socially-disadvantaged Farmer
 - Want to start using cover crops
 - Currently grow in a high tunnel
 - Want to learn about EQIP and high tunnel funding sources
 - Looking to get a high tunnel
- Technical Assistance Provider, Educator or Mentor to other farmers
- Other, please describe: _____

Can we contact you via phone in a few months to ask how you are, or are not, using the information learned today and invite you to future events like these? If yes, please clearly provide your name and contact info. Calls are estimated to take 10 minutes.

Name _____ Phone _____

Email:

To what extent was this training worth your time? (*circle one*) **Not at all, Very little, Some, A lot**
 How much did the workshop help increase your understanding of the following (*Check 1 box for each item*)

	Not at all	Very little	Some	A lot
Identifying cover crops				
Picking the right type or mix of cover crops				
Growing crops in high tunnels				
Building and Managing a high tunnel				
Your idea here:				

Please describe something insightful, beneficial or gained from this workshop.

Please describe one way this field day could be improved.

Would you like the travel stipend? ____ If so, please legibly provide an address to mail a check:

