

**NE Beginning Farmer Learning Network Professional Development Training  
October 27-29, 2014**



*Century House, 997 New Loudon Rd, Latham, NY 12110*



**ACTION PLAN**

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

**Based on what you learned in the past three days, what are the top 3 changes you want to make to your own BF training program or services?**

**1. By \_\_\_\_\_ date, I will:**

**2. By \_\_\_\_\_ date, I will:**

**3. By \_\_\_\_\_ date, I will:**

**How will you monitor BF changes as a result of your improved training or services? (Please indicate your plan by the number above)**

**1.**

**2.**

**3.**

**What changes will you make to increase engagement of underserved audiences?**

**1. Changes to outreach strategy:**

**2. Changes to improve capacity within my organization:**

**3. Efforts to develop my own cultural awareness and identity:**