**Farm-to-Glass Workshop: Small Grains April 2, 2015**

**Workshop Assessment**

Name: (optional)

Location of your operation:

|  |
| --- |
| 1. Are you currently growing small grains? **Yes No Have in the past**  *If yes, ..*how many acres?  ..for feed, malt or food?  **..**what varieties?    2. Are you interested in growing malt grade small grains? **Yes No Not Sure (explain why)**  *If yes*, ..when would you like to start?  ..what would you like to grow?  3. How would you rate your access to post-harvest grain handling equipment, e.g. cleaning, drying and storage?  (1 = insufficient, *I have none of what I need* - 5 = excellent, *I have everything I need*)  **1 2 3 4 5** |
| 4. What is your overall assessment of the event? (1 = insufficient - 5 = excellent)  **1 2 3 4 5**  5. Which topics or aspects of the workshop did you find most interesting or useful?   |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  |   6. Did the workshop achieve the objectives laid out in the agenda/program? **Yes No**  *If no,* why?  7. Knowledge and information gained from participation at this event:  *Met your expectations*? **Definitely Mostly Somewhat Not at all**  *Will be useful/applicable in my work* **Definitely Mostly Somewhat Not at all**  8. How do you think the workshop could have been more effective? (Use back)  9. What workshop topics would you like to see in the future? (Use back) |