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

**Workshop Assessment**

Name: (optional)

Location of your operation:

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| 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?

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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) |