

2023 Northeast SARE

Professional Development Program Application

Using “Tag-Team Training” to Foster Education Program Sustainability Among Organizations Teaching Risk Management for Northeastern Farmers

SUBMITTED BY:

Cornell Cooperative Extension | Oneida County

ATTACHMENT:

Sample Verification Tools

October 25, 2022

Cornell Cooperative Extension Oneida County

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NESARE Professional Development Program 03/01/23–02/28/25

“TAG-TEAM” Cross-Training Record for Educators/Service Providers

Training Start/Completion Dates: Start: _____ Completion: _____

Staff Training Topic/Subject: _____

Summary/Objective: _____

DRAFT

Tag Team Ag Educator #1

Name: _____

Organization: _____

County/State: _____

Tag Team Ag Educator #2

Name: _____

Organization: _____

County/State: _____

Cross-Training Activity Record:

Activity #1

Date(s) (multiple, if applicable): _____

Training Facilitator (may be third party): _____

Trainee(s) Name(s): _____

Description (subject, tools, methods, etc.): _____

Activity #2

Date(s) (multiple, if applicable): _____

Training Facilitator (may be third party): _____

Trainee(s) Name(s): _____

Description (subject, tools, methods, etc.): _____

Activity #3

Date(s) (multiple, if applicable): _____

Training Facilitator (may be third party): _____

Trainee(s) Name(s): _____

Description (subject, tools, methods, etc.): _____

(record may be continued on other side)

Helping you put knowledge to work

Cornell Cooperative Extension is an employer and educator recognized for valuing AA/EEO, Protected Veterans, and Individuals with Disabilities

Activity #4

Date(s) (multiple, if applicable): _____

Training Facilitator (may be third party): _____

Trainee(s) Name(s): _____

Description (subject, tools, methods, etc.): _____

Activity #5

Date(s) (multiple, if applicable): _____

Training Facilitator (may be third party): _____

Trainee(s) Name(s): _____

Description (subject, tools, methods, etc.): _____

Activity #6

Date(s) (multiple, if applicable): _____

Training Facilitator (may be third party): _____

Trainee(s) Name(s): _____

Description (subject, tools, methods, etc.): _____

Activity #7

Date(s) (multiple, if applicable): _____

Training Facilitator (may be third party): _____

Trainee(s) Name(s): _____

Description (subject, tools, methods, etc.): _____

Activity #8

Date(s) (multiple, if applicable): _____

Training Facilitator (may be third party): _____

Trainee(s) Name(s): _____

Description (subject, tools, methods, etc.): _____

"TAG-TEAM" FARM PRODUCER EDUCATION / TECHNICAL ASSISTANCE LOG

CCEOC/NESARE Professional Development Program 03/01/23–02/28/25

FARM NAME:

FARM TYPE:

Physical Address:

Participant #1 Name & Role:

Participant #2 Name & Role:

Participant #3 Name & Role:

Participant #4 Name & Role:

DRAFT

Training/Technical Assistance Subject/Objective:

Educator #1

Organization

City, County, State

Educator #2

Organization

City, County, State

Session #1

Date:

Location:

Duration (minutes):

Educator(s):

Participant(s):

Services Provided:

Process Changes Noted:

Session #2

Date:

Location:

Duration (minutes):

Educator(s):

Participant(s):

Services Provided:

Process Changes Noted:

Session #3

Date:

Location:

Duration (minutes):

Educator(s):

Participant(s):

Services Provided:

Process Changes Noted:

continue on side 2 if necessary

| | | | | | |
|---|-------|-----------|--|--|--|
| Session #4 | Date: | Location: | Duration (minutes): | | |
| Educator(s): | | | | | |
| Participant(s): | | | | | |
| Services Provided: | | | | | |
| Process Changes Noted: | | | | | |
| | | | | | |
| Session #5 | Date: | Location: | Duration (minutes): | | |
| Educator(s): | | | | | |
| Participant(s): | | | | | |
| Services Provided: | | | | | |
| Process Changes Noted: | | | | | |
| | | | | | |
| Session #6 | Date: | Location: | Duration (minutes): | | |
| Educator(s): | | | | | |
| Participant(s): | | | | | |
| Services Provided: | | | | | |
| Process Changes Noted: | | | | | |
| | | | | | |
| Session #7 | Date: | Location: | Duration (minutes): | | |
| Educator(s): | | | | | |
| Participant(s): | | | | | |
| Services Provided: | | | | | |
| Process Changes Noted: | | | | | |
| | | | | | |
| Session #8 | Date: | Location: | Duration (minutes): | | |
| Educator(s): | | | | | |
| Participant(s): | | | | | |
| Services Provided: | | | | | |
| Process Changes Noted: | | | | | |
| | | | | | |
| Educator Comments/Notes: | | | | | |
| | | | | | |
| WAS TRAINING/CONSULTING OBJECTIVE MET? _____ | | | TOTAL TRAINING/CONSULTING TIME: ____hours ____minutes | | |