



# North Central Region SARE Professional Development Program

Michigan



## Mini-Grant Post-Event Evaluation

**Instructions:** Save a copy using File>Save As including your last name in the file name. Return your completed file as an attachment via email. Questions: email Dean Baas or call at 269-967-9672.

Project Coordinator(s):

Mini-Grant Project/Event Name:

Describe Project/Event:

Date(s):

Location(s):

### Type of Education Project/Event

What were the expected learning outcomes of this event?

Type of Project/Event	Number of Hours
Group Instruction/Discussion	
On-Farm/Experiential Learning	
One-on-one contact (mentoring, consulting)	
Other (please specify)	

Notes: Project/Event can include more than one type of educational experience.

**Participant Information:**

Locations:

Number of Participants:

Cooperative Extension Service Field Staff (educators/agents)

Cooperative Extension Specialist/State Staff

NRCS

State/federal/tribal agency

Agriculture consultants/For-Profit

Non-Profit/Non-gov organization

Farmers/Ranchers

Other

Notes: 1) participants should only be counted in one category. 2) Count only participants who complete the entire program. 3) Individual participant information should be maintained at the project/state level.

**Project/Event Evaluation Results:**

Did you survey your participants after the end of the program? No          Yes

If so would you please share the results below or with us by attaching them to the email?

Please share any additional comments about your experience with this mini-grant and or the SARE program.