



Farm Business Management Progress Report Year one

to be completed and signed at the completion of year one

Name _____ Address _____
 City _____ State & Zip _____
 Phone Number _____ County FSA Office _____
 Date Enrolled _____ Date Completed yr 1 _____ Year One Score _____

Assignments, comments remarks

Goals Family & Business

Business Plan FSA Farm Plan

Inventory

Accounting Records

Balance Sheet & Income Statement

Tax Management

Closeout & Analysis

Other

Program Score Yr 1 _____

enrollee	date
Instructor	date

The instructor will assign the borrower a score from 1-3 according to the following criteria:

Score:

"1" The borrower attended classroom sessions as agreed, satisfactorily completed all assignments, and demonstrated an understanding of the course material.

"2" The borrower attended classroom sessions as agreed and attempted to complete all assignments; however, the borrower does not demonstrate an understanding of the course material.

"3" The borrower did not attend classroom sessions as agreed and/or did not attempt to complete assignments. In general, the borrower did not make a good faith effort to complete the training.

(Please return a completed copy to local FSA Office [and](#) to Aaron Anderson- 600 E Boulevard Ave, Dept 270, Bismarck, ND 58505)