South Central College

Farm Business Management Program
Student Information & Evaluation Sheet

Name: _____

       Family Members (if applicable): _____

Address: _____

Phone: _____   Cell: _____

Email: _____   Wish To Receive Newsletter By Email?   Yes   No

Year Born: _____   Year Began Farming: _____

Off-farm Employment: _____

Hobbies/Interests: _____

Production Planning & Goal Information:

How many crop acres will you operate next year? _____   How many rented acres: _____

List your Crop & Livestock Enterprises, along with their Size & Production Goals.

Enterprise	Size & Scope	Production Goals

How would you rate your management ability in these areas:

Crop Production	Excellent	Good	Fair	Poor	N/A
Livestock Production	Excellent	Good	Fair	Poor	N/A
Financial Mgmt & Records	Excellent	Good	Fair	Poor	
Marketing of Farm Products	Excellent	Good	Fair	Poor	
Hired Labor Needs & Mgmt	Excellent	Good	Fair	Poor	N/A

Do you have a written set of goals: For farm business? Yes No For personal/family? Yes No

What changes did you make in your operation this year? _____
_____

What changes are you planning for next year? In the future? _____
_____

How will you finance these changes? _____

What specific interest or concerns should be addressed? _____

Records & Accounting Information:

What is the name of your accounting system? _____

How would you rate this system?   Excellent   Good   Fair   Poor
Rate your level of confidence in your financial records?   High   Moderate   Low

Which of the following items should be emphasized for your operation this year?
        Income & Expense Records   Yes   No
        Inventory Records   Yes   No
        Crop Production Records   Yes   No
        Livestock Production Records   Yes   No
        Household & Personal Records   Yes   No
        Non-Farm Business Records   Yes   No
        Agronomic Records (Yield, GPS/GIS, etc)   Yes   No

What specific interests or concerns should be addressed? _____

Financial Assessment Information:

What do you consider your level of debt to be?   High   Moderate   Low

Compared to last year, how manageable is your debt load?   Manageable   Unmanageable

What are your sources of credit at this time? _____

What information is your lender requesting?   Balance Sheet   Income Statement
                                                   Cash Flow   Other _____

What other sources of income do you have? _____

What specific interests or concerns should be addressed? _____

Other Resource Information:

What outside management resources are you currently using (ex: consultants)? _____
_____

Have you updated your: Partnership Agreement   Yes   No
                       Retirement Plan   Yes   No
                       Non-Farm Investment Plan   Yes   No

Describe any changes you are planning in these items: _____
_____

What specific interests or concerns should be addressed? _____

If this is not your first year in the FBM program, list specific improvements in your operation over the past year which you attribute to information learned from the FBM program:

_____

_____

What expectations do you have of the program for the coming year? _____

_____