



E² Entrepreneurship Experience

Lesson 9: Tour of Business



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Additional meeting resources can be found in the Appendix at the end of Lesson 1 (4H1098A).



Lesson 9: Tour of Business

Lesson Time: 90 minutes

- » 10 to 15 minutes distributing snacks, giving directions, transporting to a business.
- » 10 minutes to return for parents to pick up the children.
- » Approximately 60 minutes for the tour.

Materials Needed

- » Snack: bottled water, apples, cheese crackers.
- » Vehicle(s) for transportation.
- » Permission forms.
- » Tour checklist
- » Letter to entrepreneur, pre-tour (Resource 9.1)
- » Resource 9.2 – Survey (copy for each participant)
- » Resource 9.3 – Tour Questions and Observations (copy for each participant)
- » Resource 9.4 – Tour Reference Sheet (review with participants before the tour; may want a copy for each participant)
- » Resource 9.5 – Participation Form

1. Objectives

- The participant will observe one or more entrepreneur businesses in action.
- The participant will respectfully listen to one or more entrepreneurs describe their business and how the entrepreneur knows what the consumer wants.
- The participant will learn what goals an entrepreneur has for success and progress in the development of that business.
- The participant will discover the laws that an entrepreneur needs to follow that are particular to that business and might be different from another business.
- The participant will ask how honesty and fairness is practiced as that business addresses the needs of employees and customers.
- The participant will see how good math skills are involved in the income and expenses of a business.
- The participant will ask about and observe the kinds of communication (visual, verbal, nonverbal, audio) used to run the business.
- The participant will observe how an entrepreneur (or employee) uses good manners with customers to keep them as customers.
- The participant will ask what an entrepreneur expects of the employees in skills and behavior.
- The participant will listen and reflect as the entrepreneur describes how the business is run: keeping an inventory, making orders for materials and product, properly and safely storing materials, pest control, bookkeeping, paying taxes, etc.
- The participant will ask the entrepreneur how that business affects the community.

2. 4-H Life Skills

- Inquiring Mind
- Concern for Community
- Sound Decision-Making

3. Getting Ready

- **Facilitator will need to locate volunteers to help transport and chaperone the children, or to chaperone if the children walk.**
- Facilitator will need to **contact parents** regarding the field trip.

Resource 9.1: Letter

Resource 9.2 – Survey. Use Resource 9.3, Questions and Observations Form, to record additional information you learn about the business.

- Facilitator will need to get any **permission slips and health forms** that might be needed.
- Facilitator will need to **communicate with the entrepreneur** in regard to topics that might be considered for the tour (business goals, communication, skills needed, laws and regulations, profit and loss, organizational skills, hiring employees, etc.) resource 9.1 - letter
- Facilitator should review the tour reference sheet (Resource 9.4) with the students before the tour. You may want a copy for each student to review on their own.

4. Snack

Apples, cheese crackers, bottled water

Facilitator will need to decide if the participants will eat while in transit to the entrepreneurial site or whether to eat before leaving (to avoid a mess in the vehicles).

5. Entrepreneur Lesson Activity

Today we will visit an entrepreneur(s). We will be on our best behavior, being respectful. We will thank the entrepreneur(s) for sharing their valuable time with us. We will learn what it takes to run a business and how to please customers for repeat business. Circle each item on the activity sheet that you observe about the business.

6. Talking Points

An entrepreneurial business brings revenue into a community by providing a product or service that is needed. Sometimes it brings people to the town to purchase that product or service or they spend their money while in the town (such as visitors going to a school game will buy food to eat while there).

An entrepreneurial business brings jobs to a community. People will have a reason to stay or even move to a town if they are able to get employment there.

An entrepreneurial business is part of a dynamic community (vitality). Entrepreneurs often are involved in the community through organizations such as Rotary Club or will be active in their church or will be volunteers with organizations such as 4-H. Entrepreneurs might purchase products from another business that they need for their own business, such as tape and paper to do their taxes or inventory.

An entrepreneurial business fills a consumer niche or need in a community. People within a community need products such as food, clothes, garden equipment, or services such as landscaping or oil changed in their car.

Entrepreneurs follow laws and regulations in the community or state (such as food safety regulations to protect their customers' health), or to protect the environment (such as proper disposal of

Resource 9.3: Questions
Resource 9.4: References
Resource 9.5: Participation Form

chemicals used in the business) or to pay taxes that keep the city government running.

Entrepreneurs need to meet the needs of their employees so they don't have a big turnover. Some of those needs are training, decent pay (income), good working conditions such as breaks during working hours. Good employees work as a team for a smoothly functioning business and follow their employer's requests. Employees greet customers and find out what a customer needs so the customer is more likely to return.

7. Characteristics of an Entrepreneur

- An entrepreneur is organized.
- An entrepreneur positively impacts a community.
- An entrepreneur follows the laws and regulations of a community or state.
- An entrepreneur properly trains employees.
- An entrepreneur pays an employee a decent wage.

Dear Business Owner/Manager:

Thank you, for allowing my *E²: Entrepreneur Experience* group of young people to visit with you in regard to your business. This will be a helpful finale to the entrepreneurial lessons that we have been studying. Those lessons include goal setting, earning money, using a budget, counting money, communication, ethics, and legal responsibilities.

Included with this letter is a list of issues that you might cover. It is meant only as a guide. Please, feel free to share your perspectives about business from an entrepreneurial view.

The children will have a survey to complete as we tour or after we complete the tour. The survey is meant only as a critique to help the children gain a more discerning view of what it takes to run a successful business. For your information, I have included it with this letter.

I and my volunteer adults will bring the E2 group to your facility (date) _____,
at (time) _____.

Thank you, for sharing your valuable time and experience with us.

Sincerely,

Final Tour Survey

PLEASE, be courteous and respectful!

When we arrive: Circle one emoji face for each question.

1. Is the outside free of objects or substances such as snow that might cause someone to trip or fall?



2. Would a customer feel comfortable coming to this place because it looks nice?



3. Is the building easy to enter for any person, especially the handicapped?



Inside the building: Circle one emoji face for each question.

4. Would a customer feel welcome because of helpful signs or friendly employees?



5. Is the lighting good inside?



6. Is it clean inside?



7. Is the inside free of objects or substances that might cause a customer to trip or fall?



Interview with the owner or manager:

8. What one thing is important to successfully manage a business?

Tour Questions and Observations



Questions that I can ask or things I learned today:

1. This business provides this service: _____

Or these products: _____

because this business meets a community need for: _____

2. The distance that people come to make a purchase can be as far as: _____

3. This business has _____ employees.

4. This business or entrepreneur is a part of our community because: _____

5. One law or regulation that this business follows is: _____

6. This business helps its employees by: _____

7. I was respectful today. _____

Tour of Business(es) Form B

Checkmark each item that you heard this entrepreneur or business manager talk about:

_____ This business provides a service or product.

_____ This business meets a need in the community

_____ Some people come from out of town to use this business.

_____ This business has employees.

_____ This business or entrepreneur is important in our community.

_____ This business/entrepreneur follows local and state laws and regulations.

_____ This business works to keep its employees satisfied.

_____ I was respectful today.

Reference Sheet

Look for signs/evidence of safety, healthy lifestyles, and good environment.

PLEASE, remind the participants/kids to be courteous and respectful to the owner, manager, employees, and customers! This can be a learning experience of itself.

PLEASE, give the owner/manager notice of the visit and/or ask permission to visit as a tour.

Below are some questions to consider during your tour:

Before the group goes into the place of business:

Is the parking lot paved? If so, is the pavement broken up? Why is this important?

Is there outdoor lighting for the evening hours? Why would this be good to have?

Is there handicapped parking? What does handicapped parking look like and why?

Is there litter? Why would this be important to consider by the owner?

Is the snow and ice taken care of?

Is the entry way ramped for handicap access?

Is the door easy to open? Can handicap equipment get through the doorway easily?

What have you noticed that hasn't been mentioned?

Inside the establishment:

Look for signs outside and inside. What messages do they offer to a customer?

Can you think of signs that should be there but are not?

Are employees friendly? Helpful? Are employees around or easy to find if a customer needs help?

Is there a restroom? Is it clean? Is it pleasant? Are there disposable towels available or hot air dryers that work? Is there toilet paper available?

Is it easy to navigate through the aisles?

Are prices easy to understand?

Inside is there anything that a person might trip on: broken tiles, wrinkled rugs, furniture legs sticking out?

If it is a restaurant or fast food establishment, are the tables clean? Is the seating in decent shape? Chairs safe? Does a sign clearly state that you need to be seated? If a menu is handed to you, is it clean? Are the condiments on the table clean? Are there enough wait staff to meet needs of customers in a reasonable time frame?

Does the quality of the product(s) match the price range(s)?

What have you noticed that hasn't been mentioned?

Owner/Manager Interview:

What are some things to remember as an owner/manager to encourage customers to come and purchase your products?

What are some considerations to have, maintain, and pay employees and still make a profit?

What are some things does an owner/manager have to consider to make their business profitable and sustainable (successful)?

Kansas 4-H Participation Form



Resource 9.5

Note: This form must be completed by the participant and/or parent or guardian in order to participate in the 4-H program. **All items must be completed, even if the response is not applicable – indicate by using N/A (for example: no health insurance).** Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities. Please print with blue or black ink to allow for photocopying.

Name _____ County/District _____
Last First
 Address _____ Birth Date _____ Age Youth Female
City KS Zip MM/DD/YY Adult Male
 E-mail _____ Home Phone _____

Emergency Contact #1 _____ Phone HWC _____ Phone HWC _____
 Emergency Contact #2 _____ Phone HWC _____ Phone HWC _____

Name of Family Doctor _____ Doctor's Phone _____
 Health Insurance Company _____ Policy # _____
 Name of Insured _____ Relationship to Participant _____

VOLUNTARY HEALTH HISTORY

Reporting conditions will not prevent a person from attending and will be kept confidential.

Please indicate "Yes" or "No" to the following conditions related to the participant.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1) Asthma | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Auto Immune Disease..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Seizures/Convulsions | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Diabetes | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Hypoglycemia | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Hypertension | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Heart Condition | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Migraines | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Stroke History | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) Wear Glasses/Contact Lenses..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) Penicillin Allergy | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) Aspirin Allergy | <input type="checkbox"/> | <input type="checkbox"/> |
| 13) Other Drug Allergies | <input type="checkbox"/> | <input type="checkbox"/> |
| 14) Food Allergies | <input type="checkbox"/> | <input type="checkbox"/> |
| 15) Serious Insect Stings | <input type="checkbox"/> | <input type="checkbox"/> |
| 16) Serious Ivy, Oak or Sumac Poisoning | <input type="checkbox"/> | <input type="checkbox"/> |
| 17) Other Serious Allergies or Reactions.. | <input type="checkbox"/> | <input type="checkbox"/> |
| 18) Current Special Dietary Needs..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 19) Other Conditions | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain "Yes" answers and provide information on recent medical issues (including injuries and surgeries), allergic reactions, special dietary needs, current medications, any specific activities to be restricted and other comments. Attach an additional sheet of paper, if necessary.

What else should we know about your child? 4-H programs include very rewarding, but sometimes challenging, situations. Please inform us of any concerns that may arise related to your child's physical, mental, emotional, and/or social health so we can help your child participate in 4-H. Attach an additional sheet of paper, if necessary.

Date of Last Tetanus Shot _____

- The following over-the-counter medications may be administered to my child, without contacting me.
- Antihistamine (Benedryl) Antacid Ibuprofen (Advil) Acetaminophen (generic, Tylenol)
 Decongestant Dramamine Hydrocortisone Polysporin (topical antibiotics)
 Please contact me for permission to administer any over-the-counter medications.

PUBLICITY RELEASE

I authorize K-State Research and Extension and Kansas 4-H Foundation or their assignees to record and photograph my image and/or voice (or that of my child, if under 18) for use in research, educational and promotional programs. I also recognize that these audio, video and image recordings are the property of K-State Research and Extension and/or Kansas 4-H Foundation.

No, I do not authorize use of my – or my child's – individual image or voice.



EVALUATION: Tour of Business — Lesson 9

Please, **circle** the face that you believe fits each sentence the best.

Key:

YES

Maybe Yes

I Don't Know

Maybe Not

NO



1. I learned something new about how to be a good business person.



2. I learned something new about how to be a good employee.



3. One important thing I learned today:

Dear Facilitator: The number of participants for this lesson: _____

Please, tell us the number of participants who circled each emoji by writing the number (or tally) under each emoji face. Please list any written responses in the last item (#3.)

Facilitator, how might this lesson be improved?

Facilitator, please share any anecdotes that might be insightful and/or indicate a positive impact:

Thank you and, please, send this evaluation form to Sheryl Carson, Extension Agent, at scarson@ksu.edu; or Thomas County Extension at 350 S. Range, Suite 16, Colby, KS 67701. 785-460-4582; FAX 785-460-4583



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