

Financial Education Workshop

Follow-up Evaluation

Dear Program Participant,

Thank you for participating in the Financial Education Workshop!

We hope you enjoyed the program and gained useful knowledge and skills. We would like to know how the program has helped you to better manage your money. As a follow-up, we invite you to complete a short survey. This information will help us to improve our program and better meet your financial needs. Please return your completed survey to the following address by Due Date. Your responses will be confidential.

Thank You,

Name

Telephone

Fax

Email

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Financial Education Initiative

Follow-Up Evaluation

For each financial practice, please circle the number that best describes your current behavior.

Financial Practice	I am <u>not</u> considering this	I am considering this	I am doing this sometimes	I am doing this most of the time	I am doing this all of the time
1. Write down and prioritize financial goals that are realistic and measurable.	1	2	3	4	5
2. Discuss goals with spouse and/or family members.	1	2	3	4	5
3. Identify the first steps needed to reach your goals.	1	2	3	4	5
4. Write out a spending plan that includes savings for goals and emergencies.	1	2	3	4	5
5. Learn strategies for bringing income and expenses into balance.	1	2	3	4	5
6. Follow your spending plan.	1	2	3	4	5
7. Pay bills on time.	1	2	3	4	5
8. Open checking and savings accounts at a bank or credit union.	1	2	3	4	5
9. Learn about and obtain employer and public benefits available to you.	1	2	3	4	5
10. Reduce debt.	1	2	3	4	5
11. Establish a good debt repayment history.	1	2	3	4	5
12. Regularly review your credit report.	1	2	3	4	5
13. Resist financial offers that are too good to be true.	1	2	3	4	5
14. Use a filing system for financial records.	1	2	3	4	5
15. Save regularly to achieve your goals.	1	2	3	4	5

Not comfortableVery comfortable

What is your comfort level with your knowledge of financial terms and concepts? 1 2 3 4 5

What is your comfort level with applying your knowledge into behavior? 1 2 3 4 5

Please list other changes you have made in your financial practices.

1.
2.
3.

Please indicate how your overall financial position has changed since completing the program.

	Decreased	No Change	Increased	By how much did it change?
Monthly income.				
Monthly expenses.				
Total savings.				
Total debt.				

As a result of the program, have you achieved any personal goal(s)?
(Examples: buying a car, paying down debt, or opening a checking account)

Yes What was the single most important goal you achieved?

No What things have prevented you from achieving your goals?

Have you shared what you learned with others?

Yes Who did you share this information with?

How many people did you share this information with?

No If you didn't share this information, why not?

Comments/suggestions: Tell us about the program's impact on your everyday life. Share with us your success story!

Please return this survey to:

Return Street Address
City, State Zip

**Thank you for completing this evaluation.
We appreciate your help as we strive to improve our educational programs.**

