

Financial Education Workshop

End of Program Observation

ID Number: _____

Date: _____

Please rate the instructor(s), materials, and the overall program by circling the appropriate number.

	Not Helpful	Somewhat Helpful	Helpful	Very Helpful
Instructor(s)	1	2	3	4
Educational Materials	1	2	3	4
Overall Program	1	2	3	4

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 comfortable Very 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.

What has made it easier for you to improve your financial practices?

What has prevented you from improving your financial practices?

With respect to the overall program, what did you like the most?

What did you like the least?

How could this program be improved?

Have you shared what you learned with others?

Yes With whom did you share this information?

With how many people did you share this information?

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

Would you recommend this program to others?

Yes
 No

Comments or suggestions about the program:

(OPTIONAL) Share your name/address/phone number, if you are willing to have us contact you for follow-up comments.

Name: _____ **Phone Number:** _____

Address: _____

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

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