SAMPLE EVALUATION INSTRUMENTS

This section contains samples of evaluation instruments that can be generated for each evaluation option. Note that the type of the instrument generated depends on the evaluation options selected.

Sample A—Post Evaluation Only
- Post Evaluation
- Follow-Up Evaluation
- Instructor Information Sheet

Sample B—Pre and Post Evaluation
- Pre Evaluation
- Post Evaluation
- Follow-Up Evaluation
- Instructor Information Sheet

Sample C—Stages to Change Evaluation
- Initial Observation
- Mid-Term Observation
- End-of-Program Observation
- Progress Reporting Sheet
- Follow-Up Evaluation
- Instructor Information Sheet

Sample D—Train-the-Trainer Evaluation
- Pre Evaluation
- Post Evaluation
- Follow-Up Evaluation
- Instructor Information Sheet
SAMPLE A

POST EVALUATION ONLY

- Post Evaluation
- Follow-Up Evaluation
- Instructor Information Sheet
TITLE OF PROGRAM
NAME OF ORGANIZATION

Post Evaluation

ID Number: ___________  Date: ______________

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

<table>
<thead>
<tr>
<th></th>
<th>Not helpful</th>
<th>Somewhat helpful</th>
<th>Helpful</th>
<th>Very helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructor(s)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Educational Materials</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Overall Program</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**Testing Knowledge**

Please circle your answer to each of the following statements.

1. Goals should only be made for long-term plans such as homeownership, college tuition, or retirement.  True  False
2. Fixed expenses are expenses that typically change from month to month such as food, clothing, and utilities. True  False
3. Gross income is defined as income after taxes and other withholdings have been subtracted from net income. True  False
4. Compound interest is when only the amount of money deposited earns interest. True  False
5. Financial experts recommend having an emergency fund that is equal to 3-6 months’ worth of living expenses. True  False

**Building Skills**

Please circle the number that best describes how your confidence to do the following has changed:

<table>
<thead>
<tr>
<th>Your confidence to:</th>
<th>Decreased</th>
<th>Stayed the same</th>
<th>Increased</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Write out a spending plan.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Keep track of spending and income.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Pay bills on time each month.</td>
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<td>3</td>
</tr>
<tr>
<td>4. Save money regularly.</td>
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<tr>
<td>5. Spend less than you earn.</td>
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<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
SAMPLE A—POST EVALUATION ONLY
Post Evaluation

Taking Charge
Please circle the number that best describes your answer.

<table>
<thead>
<tr>
<th>As a result of this program, you plan to:</th>
<th>No</th>
<th>Maybe</th>
<th>Yes</th>
<th>Already doing this</th>
<th>Does not apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Write out a spending plan.</td>
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<td>2</td>
<td>3</td>
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<td>5</td>
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</table>

What did you like the most about this program?

How could this program be improved?

Would you recommend this program to others?
- Yes
- No

Demographics

What is your age?
- Under 25
- 25-34
- 35-44
- 45-54
- 55-64
- 65 or older

What is your gender?
- Male
- Female

What is your ethnicity?
- African American/Black
- Asian
- Hispanic/Latino
- Native American
- White (non-Hispanic)
- Multi-Racial
- Other __________________________
What is your current marital status?
- Married
- Living with a partner
- Separated
- Divorced
- Widowed
- Single/Never married

What is the highest level of education you have completed?
- Less than high school
- High school (or GED)
- Some college
- Associate's degree
- Bachelor's degree (B.A. or B.S.)
- Post graduate degree

What is your current work status?
- Working full-time
- Working part-time
- Not currently working

What was your annual household income last year before taxes (include all sources of income)?
- $0 (Not working)
- $1-$10,000
- $10,001-$20,000
- $20,001-$30,000
- $30,001-$40,000
- More than $40,000

Comments and suggestions about the program:

Thank you for completing this evaluation.
We appreciate your help as we strive to improve our educational programs.
(OPTIONAL) Share your name/address/phone number, if you are willing to allow us to contact you for follow-up comments.

Name: ________________________________ Phone Number: ______________________________

Address: ___________________________________________________________________________
Dear Program Participant,

Thank you for participating in the [Name of Program] program!

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, Title
Contact Information

Since completing the program, how often do you do the following financial practices?

<table>
<thead>
<tr>
<th>Financial Practice</th>
<th>I am not doing this</th>
<th>I am doing this sometimes</th>
<th>I am doing this most of the time</th>
<th>I am doing this all of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Writing out a spending plan.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Keeping track of spending and income.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Paying bills on time each month.</td>
<td>1</td>
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<td>4</td>
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<td>4</td>
</tr>
<tr>
<td>5. Spending less than you earn.</td>
<td>1</td>
<td>2</td>
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<td>4</td>
</tr>
</tbody>
</table>

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

1. 
2. 
3.
SAMPLE A—POST EVALUATION ONLY
Follow-Up Evaluation

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

<table>
<thead>
<tr>
<th></th>
<th>Decreased</th>
<th>No change</th>
<th>Increased</th>
<th>By how much did it change?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly income</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Monthly expenses</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Total savings</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Total debt</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

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 barriers 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?
________________________________________________________________________

Demographics

What is your current marital status?

____ Married
____ Living with a partner
____ Separated
____ Divorced
____ Widowed
____ Single/Never married

What is your current work status?

____ Working full-time
____ Working part-time
____ Not currently working
SAMPLE A—POST EVALUATION ONLY
Follow-Up Evaluation

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

Please return this survey to:

[RETURN ADDRESS]

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

TITLE OF PROGRAM
NAME OF ORGANIZATION

Program Date(s): ______________________________________________________________________
Instructor(s): ______________________________________________________________________
Instructor(s) Contact Info: ______________________________________________________________________
Program Location: ______________________________________________________________________
Number of Participants: ______________________________________________________________________

Topics covered during the workshop (check all that apply):

_____ 1. Consumer Decision Making
_____ 2. Budgeting
_____ 3. Cash Flow Management
_____ 4. Savings and Investments
_____ 5. Debt Management
_____ 6. Homeownership
_____ 7. Retirement and Estate Planning
_____ 8. Consumer Protection and Identity Theft
_____ 9. Risk Management and Insurance
_____ 10. Taxation
_____ 11. Other________________________
_____ 12. Other________________________

Profile of participants (check all that apply):

_____ 1. General Public
_____ 2. Low-to-Moderate Income
_____ 3. Moderate-to-Upper Income
_____ 4. Children and Youth
_____ 5. Young Adults/College Students
_____ 6. Baby Boomers
_____ 7. Elderly
_____ 8. Military
_____ 9. Financial Professionals
_____ 10. Teachers/Educators
_____ 11. Other________________________
_____ 12. Other________________________

Delivery method (check all that apply):

_____ 1. Workshop/Seminar
_____ 2. Multi-session Course
_____ 3. One-on-one Financial Counseling
_____ 4. Internet
_____ 5. Printed materials
_____ 6. Electronic Materials such as CD-ROMS
_____ 7. Long-distance Education
_____ 8. Other________________________

Total number of program contact hours: _______ hours

On average, what percentage of the participants had less than an 8th grade reading level? _______ %

On average, what percentage of the participants was non-English speaking? _______ %

What financial education resources were shared with program participants?

Were there any particularly useful or interesting comments made by the program participants?
SAMPLE B

PRE AND POST EVALUATION

- Pre Evaluation
- Post Evaluation
- Follow-Up Evaluation
- Instructor Information Sheet
Pre Evaluation

ID Number: ___________  Date: ____________

Testing Knowledge
Please circle your answer to each of the following statements.

1. Goals should only be made for long-term plans such as homeownership, college tuition, or retirement.  True  False
2. When talking about needs and wants, a good example of a need is auto insurance.  True  False
3. Fixed expenses are expenses that typically change from month to month such as food, clothing, and utilities.  True  False
4. Gross income is defined as income after taxes and other withholdings have been subtracted from net income.  True  False
5. Interest rates and fees are about the same on all credit cards.  True  False
6. Compound interest is when only the amount of money deposited earns interest.  True  False
7. Financial experts recommend having an emergency fund that is equal to 3-6 months’ worth of living expenses.  True  False
8. Credit card companies only approve credit limits that an individual is able to afford.  True  False
9. Approximately 10% of an individual’s credit score is determined by their payment history.  True  False
10. A debt-to-income ratio of more than 20% may indicate that a person has borrowed too much relative to his or her income.  True  False

Building Skills
Please circle the number that best describes your confidence to do the following:

<table>
<thead>
<tr>
<th>How confident are you to:</th>
<th>Not confident</th>
<th>A little confident</th>
<th>Somewhat confident</th>
<th>Confident</th>
<th>Very confident</th>
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<td>5</td>
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<tr>
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<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Pay bills on time each month.</td>
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<tr>
<td>4. Save money regularly.</td>
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</tr>
</tbody>
</table>
SAMPLE B—PRE AND POST EVALUATION
Pre Evaluation

Demographics

What is your age?
____ Under 25
____ 25-34
____ 35-44
____ 45-54
____ 55-64
____ 65 or older

What is your gender?
____ Male
____ Female

What is your ethnicity?
____ African American/Black
____ Asian
____ Hispanic/Latino
____ Native American
____ White (non-Hispanic)
____ Multi-Racial
____ Other __________________________

What is your current marital status?
____ Married
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What is the highest level of education you have completed?
____ Less than high school
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What is your current work status?
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What was your annual household income last year before taxes (including all sources of income)?

- $0 (Not working)
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Thank you for completing this evaluation.
We appreciate your help as we strive to improve our educational programs.
Please rate the instructor(s), materials, and the overall program by circling the appropriate number.

<table>
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<td>Instructor(s)</td>
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<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Educational Materials</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Overall Program</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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</tbody>
</table>

**Testing Knowledge**

Please circle your answer to each of the following statements.

1. Goals should only be made for long-term plans such as homeownership, college tuition, or retirement.  
   True  False

2. When talking about needs and wants, a good example of a need is auto insurance.  
   True  False

3. Fixed expenses are expenses that typically change from month to month such as food, clothing, and utilities.  
   True  False

4. Gross income is defined as income after taxes and other withholdings have been subtracted from net income.  
   True  False

5. Interest rates and fees are about the same on all credit cards.  
   True  False

6. Compound interest is when only the amount of money deposited earns interest.  
   True  False

7. Financial experts recommend having an emergency fund that is equal to 3-6 months’ worth of living expenses.  
   True  False

8. Credit card companies only approve credit limits that an individual is able to afford.  
   True  False

9. Approximately 10% of an individual’s credit score is determined by their payment history.  
   True  False

10. A debt-to-income ratio of more than 20% may indicate that a person has borrowed too much relative to his or her income.  
    True  False
SAMPLE B—PRE AND POST EVALUATION
Post Evaluation

Building Skills
Please circle the number that best describes your confidence to do the following:

<table>
<thead>
<tr>
<th>How confident are you to:</th>
<th>Not confident</th>
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<td>5</td>
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<td>4. Save money regularly.</td>
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<td>4</td>
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</tr>
<tr>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Taking Charge
Please circle the number that best describes your answer.

<table>
<thead>
<tr>
<th>As a result of this program, you plan to:</th>
<th>No</th>
<th>Maybe</th>
<th>Yes</th>
<th>Already doing this</th>
<th>Does not apply</th>
</tr>
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<tbody>
<tr>
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</tbody>
</table>

What did you like the most about this program?

What did you like the least about this program?

How could this program be improved?

Would you recommend this program to others?

_____ Yes
_____ No
**SAMPLE B—PRE AND POST EVALUATION**  
**Post Evaluation**

Demographics

What county do you live in? ________________________

Do you have a checking account?  
____ Yes  
____ No

Do you have a savings account?  
____ Yes  
____ No

How do you prefer to receive financial information? (Check all that apply.)  
____ Classroom instruction  
____ Workshops/seminars  
____ One-on-one financial counseling  
____ Printed materials  
____ Internet  
____ Electronic materials such as CD-ROMS  
____ Distance education  
____ Other _______________________

What financial topics are you most interested in learning more about? (Check all that apply.)  
____ Budgeting  
____ Debt Management  
____ Savings and Investments  
____ Homeownership  
____ Retirement and Estate Planning  
____ Consumer Protection and Identity Theft  
____ Risk Management and Insurance  
____ Taxation  
____ Other _______________________

Comments or suggestions about the program:

Thank you for completing this evaluation.  
We appreciate your help as we strive to improve our educational programs.
(OPTIONAL) Share your name/address/phone number, if you are willing to have us contact you for follow-up comments.

Name: ________________________________ Phone Number: ________________________________
Address: ___________________________________________________________________________
Dear Program Participant,

Thank you for participating in the [Name of Program] program!

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, Title
Contact Information

Since completing the program, how often do you do the following financial practices?

<table>
<thead>
<tr>
<th>Financial Practice</th>
<th>I am not doing this</th>
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<th>I am doing this most of the time</th>
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</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Financial Position</th>
<th>Decreased</th>
<th>No change</th>
<th>Increased</th>
<th>By how much did it change?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly income</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Monthly expenses</td>
<td></td>
<td></td>
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<td>$</td>
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<tr>
<td>Total savings</td>
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</tr>
<tr>
<td>Total debt</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

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 barriers 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?
________________________________________________________________________

Demographics

What is your current marital status?

____ Married
____ Living with a partner
____ Separated
____ Divorced
____ Widowed
____ Single/Never married

What is your current work status?

____ Working full-time
____ Working part-time
____ Not currently working
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 ADDRESS]

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

Program Date(s): ______________________________________________________________________

Instructor(s): ______________________________________________________________________

Instructor(s) Contact Info: ______________________________________________________________________

Program Location: ______________________________________________________________________

Number of Participants: _____________________________

Topics covered during the workshop (check all that apply):

1. Consumer Decision Making
2. Budgeting
3. Cash Flow Management
4. Savings and Investments
5. Debt Management
6. Homeownership
7. Retirement and Estate Planning
8. Consumer Protection and Identity Theft
9. Risk Management and Insurance
10. Taxation
11. Other________________________
12. Other________________________

Profile of participants (check all that apply):

1. General Public
2. Low-to-Moderate Income
3. Moderate-to-Upper Income
4. Children and Youth
5. Young Adults/College Students
6. Baby Boomers
7. Elderly
8. Military
9. Financial Professionals
10. Teachers/Educators
11. Other________________________
12. Other________________________

Delivery method (check all that apply):

1. Workshop/Seminar
2. Multi-session Course
3. One-on-one Financial Counseling
4. Internet
5. Printed materials
6. Electronic Materials such as CD-ROMS
7. Long-distance Education
8. Other________________________

Total number of program contact hours: _______ hours

On average, what percentage of the participants had less than an 8th grade reading level? _______ %

On average, what percentage of the participants was non-English speaking? _______ %

What financial education resources were shared with program participants?

Were there any particularly useful or interesting comments made by the program participants?
SAMPLE C

STAGES TO CHANGE EVALUATION

• Initial Observation
• Mid-Term Observation
• End-of-Program Observation
• Progress Reporting Sheet
• Follow-Up Evaluation
• Instructor Information Sheet
SAMPLE C—STAGES TO CHANGE EVALUATION

Initial Observation

TITLE OF PROGRAM
NAME OF ORGANIZATION

Initial Observation

ID Number: ___________ Date: ___________

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

<table>
<thead>
<tr>
<th>Financial Practice</th>
<th>I am not considering this</th>
<th>I am considering this</th>
<th>I am doing this sometimes</th>
<th>I am doing this most of the time</th>
<th>I am doing this all of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Writing out a spending plan.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. Keeping track of spending and income.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Paying bills on time each month.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. Saving money regularly.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. Spending less than you earn.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. Reviewing bills each month for accuracy.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. Comparing prices before making purchases.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. Paying off new charges on credit cards every month.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Demographics

What is your age?
- Under 25
- 25-34
- 35-44
- 45-54
- 55-64
- 65 or older

What is your gender?
- Male
- Female

Thank you for completing this evaluation.
We appreciate your help as we strive to improve our educational programs.
For each financial practice, please circle the number that best describes your current behavior.

<table>
<thead>
<tr>
<th>Financial Practice</th>
<th>I am not considering this</th>
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<tr>
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</table>

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

What has prevented you from improving your financial practices?

How can the remainder of this program best meet your financial learning needs?

Thank you for completing this evaluation.  
We appreciate your help as we strive to improve our educational programs.
SAMPLE C—STAGES TO CHANGE EVALUATION
End-of-Program Observation

TITLE OF PROGRAM
NAME OF ORGANIZATION
End-of-Program Observation

ID Number: ___________ Date: ____________

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

<table>
<thead>
<tr>
<th></th>
<th>Not helpful</th>
<th>Somewhat helpful</th>
<th>Helpful</th>
<th>Very helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructor(s)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Educational Materials</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Overall Program</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

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

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</tr>
</tbody>
</table>
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   Whom 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?

________________________________________________________________________

Would you recommend this program to others?

_____ Yes

_____ No
SAMPLE C—STAGES TO CHANGE EVALUATION
End-of-Program Observation

Demographics

What is your current marital status?

____ Married
____ Living with a partner
____ Separated
____ Divorced
____ Widowed
____ Single/Never married

What is the highest level of education you have completed?

____ Less than high school
____ High school (or GED)
____ Some college
____ Associate’s degree
____ Bachelor’s degree (B.A. or B.S.)
____ Post graduate degree

What was your annual household income last year before taxes (including all sources of income)?

____ $0 (Not working)
____ $1-$10,000
____ $10,001-$20,000
____ $20,001-$30,000
____ $30,001-$40,000
____ More than $40,000

What is your ethnicity?

____ African American/Black
____ Asian
____ Hispanic/Latino
____ Native American
____ White (non-Hispanic)
____ Multi-Racial
____ Other __________________________

Comments or suggestions about the program:
SAMPLE C—STAGES TO CHANGE EVALUATION
End-of-Program Observation

(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.
Please indicate your financial position based on your current progress in the program.

<table>
<thead>
<tr>
<th>Financial Position</th>
<th>At the beginning of the program</th>
<th>In the middle of the program</th>
<th>At the end of the program</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How much do you currently owe in credit card debt? ($)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. How many credit cards do you have? (#)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. How much did you pay in late fees last month? ($)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. How much do you pay over the minimum balance due? ($)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. What is the highest interest rate on your credit card(s)? (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Dear Program Participant,

Thank you for participating in the [Name of Program] program!

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, Title
Contact Information

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

<table>
<thead>
<tr>
<th>Financial Practice</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<tr>
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<td>5</td>
</tr>
</tbody>
</table>
SAMPLE C—STAGES TO CHANGE EVALUATION
Follow-Up Evaluation

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.

<table>
<thead>
<tr>
<th>Financial Position</th>
<th>Decreased</th>
<th>No change</th>
<th>Increased</th>
<th>By how much did it change?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly income</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Monthly expenses</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Total savings</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Total debt</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

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 barriers have prevented you from achieving your goals?
________________________________________________________________________

Have you shared what you learned with others?

_____ Yes 
Whom 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 your success story with us!
SAMPLE C—STAGES TO CHANGE EVALUATION
Follow-Up Evaluation

Please return this survey to:

[RETURN ADDRESS]

Thank you for completing this evaluation. We appreciate your help as we strive to improve our educational programs.
SAMPLE C—STAGES TO CHANGE EVALUATION
Instructor Information Sheet

TITLE OF PROGRAM
NAME OF ORGANIZATION

Instructor Information Sheet

Program Date(s): ______________________________________________________________________
Instructor(s): ______________________________________________________________________
Instructor(s) Contact Info: ______________________________________________________________________
Program Location: ______________________________________________________________________
Number of Participants: _____________________________

Topics covered during the workshop (check all that apply):

_____ 1. Consumer Decision Making
_____ 2. Budgeting
_____ 3. Cash Flow Management
_____ 4. Savings and Investments
_____ 5. Debt Management
_____ 6. Homeownership
_____ 7. Retirement and Estate Planning
_____ 8. Consumer Protection and Identity Theft
_____ 9. Risk Management and Insurance
_____ 10. Taxation
_____ 11. Other________________________
_____ 12. Other________________________

Profile of participants (check all that apply):

_____ 1. General Public
_____ 2. Low-to-Moderate Income
_____ 3. Moderate-to-Upper Income
_____ 4. Children and Youth
_____ 5. Young Adults/College Students
_____ 6. Baby Boomers
_____ 7. Elderly
_____ 8. Military
_____ 9. Financial Professionals
_____ 10. Teachers/Educators
_____ 11. Other________________________
_____ 12. Other________________________

Delivery method (check all that apply):

_____ 1. Workshop/Seminar
_____ 2. Multi-session Course
_____ 3. One-on-one Financial Counseling
_____ 4. Internet
_____ 5. Printed materials
_____ 6. Electronic Materials such as CD-ROMS
_____ 7. Long-distance Education
_____ 8. Other________________________

Total number of program contact hours: _______ hours
On average, what percentage of the participants had less than an 8th grade reading level? _______ %
On average, what percentage of the participants was non-English speaking? _______ %

What financial education resources were shared with program participants?

Were there any particularly useful or interesting comments made by the program participants?
SAMPLE D

TRAIN-THE-TRAINER EVALUATION

• Pre Evaluation
• Post Evaluation
• Follow-Up Evaluation
• Instructor Information Sheet
Title of Program
Name of Organization
Pre Evaluation

ID Number: ___________ Date: ____________

Testing Knowledge
Please circle your answer to each of the following statements.

1. Goals should only be made for long-term plans such as homeownership, college tuition, or retirement.
   True  False

2. When talking about needs and wants, a good example of a need is auto insurance.
   True  False

3. Fixed expenses are expenses that typically change from month to month such as food, clothing, and utilities.
   True  False

4. Gross income is defined as income after taxes and other withholdings have been subtracted from net income.
   True  False

5. Interest rates and fees are about the same on all credit cards.
   True  False

6. Compound interest is when only the amount of money deposited earns interest.
   True  False

7. Financial experts recommend having an emergency fund that is equal to 3-6 months' worth of living expenses.
   True  False

8. Credit card companies only approve credit limits that an individual is able to afford.
   True  False

9. Approximately 10% of an individual's credit score is determined by their payment history.
   True  False

10. A debt-to-income ratio of more than 20% may indicate that a person has borrowed too much relative to his or her income.
    True  False

Building Teaching Skills
Please circle the number that best describes your confidence as an instructor to do the following:

<table>
<thead>
<tr>
<th>How confident are you to:</th>
<th>Not confident</th>
<th>A little confident</th>
<th>Somewhat confident</th>
<th>Confident</th>
<th>Very confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Understand participants' financial education needs.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. Answer participants' questions about financial education.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Present effective financial education programs.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Sample D—Train-the-Trainer Evaluation
Pre Evaluation

Shaping Personal Skills

Please circle the number that best describes your confidence as an individual to do the following:

<table>
<thead>
<tr>
<th>How confident are you to:</th>
<th>Not confident</th>
<th>A little confident</th>
<th>Somewhat confident</th>
<th>Confident</th>
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<tbody>
<tr>
<td>1. Write out a spending plan.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td>1 2 3 4 5</td>
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<tr>
<td>3. Pay bills on time each month.</td>
<td>1 2 3 4 5</td>
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<td>1 2 3 4 5</td>
<td></td>
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<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Demographics

How many years of experience do you have in financial education? (Check one.)

- _____ Less than 2 years
- _____ 2-5 years
- _____ 6-10 years
- _____ 11-15 years
- _____ 16-20 years
- _____ More than 20 years

What is your current job title within your organization?

- __________________________________________________________

Which of the following best describes your current job affiliation?

- _____ Non-profit Organization
- _____ Private Sector
- _____ Government
- _____ College/University
- _____ Community College
- _____ School (elementary, middle, and high school)
- _____ Church or Faith-based Organization
- _____ Self-employed/Independent
- _____ Other (Please Specify) ______________________________

What are your major job responsibilities with respect to financial education?

- _____ Program Delivery (teaching and counseling)
- _____ Program Planning and Development
- _____ Administration and Coordination
- _____ Evaluation
- _____ Research
- _____ Policy Planning

What state do you live in? ________________________

Thank you for completing this evaluation.
We appreciate your help as we strive to improve our educational programs.
TITLE OF PROGRAM
NAME OF ORGANIZATION

Post Evaluation

ID Number: ___________  Date: ______________

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

<table>
<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructor(s)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Educational Materials</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Overall Program</td>
<td>1</td>
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<td>3</td>
<td>4</td>
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</table>

Testing Knowledge
Please circle your answer to each of the following statements.

1. Goals should only be made for long-term plans such as homeownership, college tuition, or retirement.  True  False
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4. Gross income is defined as income after taxes and other withholdings have been subtracted from net income.  True  False
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6. Compound interest is when only the amount of money deposited earns interest.  True  False
7. Financial experts recommend having an emergency fund that is equal to 3-6 months' worth of living expenses.  True  False
8. Credit card companies only approve credit limits that an individual is able to afford.  True  False
9. Approximately 10% of an individual's credit score is determined by their payment history.  True  False
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<tr>
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<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Present effective financial education programs.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Shaping Personal Skills
Please circle the number that best describes your confidence as an individual to do the following:

<table>
<thead>
<tr>
<th>How confident are you to:</th>
<th>Not confident</th>
<th>A little confident</th>
<th>Somewhat confident</th>
<th>Confident</th>
<th>Very confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Write out a spending plan.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. Keep track of spending and income.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Pay bills on time each month.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. Save money regularly.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. Spend less than you earn.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Taking Action for Teaching
Please circle the number that indicates whether you plan to do the following with respect to program delivery:

<table>
<thead>
<tr>
<th>As a result of this program, do you plan to:</th>
<th>No</th>
<th>Maybe</th>
<th>Yes</th>
<th>Already doing this</th>
<th>Does not apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Deliver more educational programs in this subject area?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. Better explain the subject?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Use a variety of learning materials?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. Deliver programs with confidence?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. Share the training materials with other instructors?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
SAMPLE D—TRAIN-THE-TRAINER EVALUATION
Post Evaluation

Taking Action for Personal Financial Success
Please circle the number that indicates whether you plan to do the following with respect to your own financial management:

<table>
<thead>
<tr>
<th>As a result of this program, do you plan to:</th>
<th>No</th>
<th>Maybe</th>
<th>Yes</th>
<th>Already doing this</th>
<th>Does not apply</th>
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<td>5</td>
</tr>
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</table>

What was the most helpful information you received during this training program?

How could this training program be improved?

What information and materials from this training do you plan to share with your target audience(s)?

Would you recommend this training program to other instructors and colleagues?
- Yes
- No

Demographics

What is your age?
- Under 25
- 26-34
- 35-44
- 45-54
- 55-64
- 65 or older

What is your gender?
- Male
- Female
SAMPLE D—TRAIN-THE-TRAINER EVALUATION
Post Evaluation

What is the highest level of education you have completed?
   ____ Less than high school
   ____ High school (or GED)
   ____ Some college
   ____ Associate’s degree
   ____ Bachelor’s degree (B.A. or B.S.)
   ____ Post graduate degree

What is your current work status?
   ____ Working full-time
   ____ Working part-time
   ____ Not currently working

What was your annual household income last year before taxes (include all sources of income)?
   ____ $0 (Not working)
   ____ $1-$10,000
   ____ $10,001-$20,000
   ____ $20,001-$30,000
   ____ $30,001-$40,000
   ____ More than $40,000

Comments or suggestions about the training:

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________

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

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

Name: ___________________________ Phone: ___________________________

Address: ___________________________

E-Mail: ___________________________ Fax: ___________________________
Dear Instructor,

Thank you for participating in the [Name of Program] training program!

We hope you enjoyed the training and gained useful materials and resources that you can share with your target audience(s). As a follow-up, we would like to know how the curriculum materials are being used and what additional programming needs exist. We invite you to complete a short survey. Your responses will help us to improve our training program and better meet your financial education needs. Please return your completed survey to the following address by [Due Date]. Your responses will be confidential.

Thank you,
Name of Trainer, Title
Contact Information

Since completing the training, have you used the materials and resources from the program?

_____ Yes (Go to next set of questions)
_____ No Why not?

Do you plan to use the materials and resources from the program in the future?

_____ Yes
_____ No

If your response to the first question was “Yes,” please go to the next set of questions. If your response was "No," please skip to the question which starts with “Would you recommend the use of the curriculum/curricula…”

How have you used the curriculum/curricula from the training? (Check all that apply.)

_____ To present workshops/seminars to your target audience(s).
_____ To present multi-session programs to your target audience(s).
_____ To conduct training programs for your organization.
_____ To conduct training programs for other organizations.
_____ To teach a formal course (i.e., in the classroom).
_____ To conduct one-on-one financial counseling.
_____ To develop printed materials (i.e., lessons, handouts).
_____ To develop Internet-based or electronic materials.
_____ To develop other products (i.e., newspaper articles, radio and television programs).
_____ To conduct distance education programs.
_____ Other: __________________________________________________________________________
Follow-Up Evaluation

Have you adapted the curriculum/curricula for inclusion in your educational programs?
____ Yes
____ No

Have you used other materials to supplement the curriculum/curricula?
____ Yes
____ No

Which components of the curriculum/curricula have you used? (Check all that apply.)
___ Lessons/Modules
___ Handouts
___ Activities
___ Evaluations
___ Powerpoints/Overheads
___ Web Site
___ Other __________________________

Please list the financial topics from the curriculum/curricula that you have included in your program(s).
1. ________________________________
2. ________________________________
3. ________________________________
4. ________________________________
5. ________________________________
6. ________________________________

Approximately how many individuals have you reached with the curriculum/curricula since the training?
______ individuals

Approximately how many programs have you delivered to your target audience(s) using the curriculum/curricula since the training?
______ programs

With which target audiences have you used the curriculum/curricula? (Check all that apply.)
___ General Public
___ Low-to-Moderate Income
___ Moderate-to-Upper Income
___ Children and Youth
___ Young Adults/College Students
___ Baby Boomers
___ Elderly
___ Military
___ Financial Professionals
___ Teachers/Educators
___ Other __________________________
___ Other __________________________
SAMPLE D—TRAIN-THE-TRAINER EVALUATION
Follow-Up Evaluation

In what languages have you taught the curriculum/curricula? (Check all that apply.)

___ English
___ Spanish
___ Chinese
___ Korean
___ Others (Please specify)____________________

What challenges have you faced in using the curriculum/curricula with your target audience(s)?

1. _________________________________________________________________________________
2. _________________________________________________________________________________
3. _________________________________________________________________________________

Did the training enhance your ability to teach the materials to your target audience(s)?

___ Yes
___ No

In your opinion, have the materials and resources improved the overall quality of your programs?

___ Yes
___ No

Will you and/or your organization continue to use the curriculum/curricula in the future?

___ Yes
___ No

Would you recommend the use of the curriculum/curricula to other instructors and colleagues?

___ Yes
___ No

Have you shared the materials and resources from the training with other instructors and colleagues?

___ Yes  How many instructors and colleagues? _______
___ No  Why not?                                                                

In reflecting on the training program, explain how the training could have been more useful.

How could the curriculum be improved to better meet your organization’s needs?
SAMPLE D—TRAIN-THE-TRAINER EVALUATION
Follow-Up Evaluation

Demographics

How would you rate your overall level of expertise in program evaluation?

____ No expertise in program evaluation
____ Beginning level of expertise
____ Intermediate level of expertise
____ Advanced level of expertise

What delivery methods do you use? (Check all that apply.)

___ Workshops/seminars
___ Multi-session courses
___ One-on-one financial counseling
___ Printed materials
___ Internet
___ Electronic materials such as CD-ROMS
___ Distance education
___ Other________________________

How has the program impacted your target audience(s)? Share your Best Practices and Success Stories with us!

Other comments/suggestions about the curriculum or training:

Please return this survey to:

[RETURN ADDRESS]

Thank you for completing this evaluation.
We appreciate your help as we strive to improve our educational programs.
SAMPLE D—TRAIN-THE-TRAINER EVALUATION
Instructor Information Sheet

TITLE OF PROGRAM
NAME OF ORGANIZATION

Instructor Information Sheet

Program Date(s):

Instructor(s):

Instructor(s) Contact Info:

Program Location:

Number of Participants:

Topics covered during the workshop (check all that apply):

1. Consumer Decision Making
2. Budgeting
3. Cash Flow Management
4. Savings and Investments
5. Debt Management
6. Homeownership
7. Retirement and Estate Planning
8. Consumer Protection and Identity Theft
9. Risk Management and Insurance
10. Taxation
11. Other
12. Other

Profile of participants (check all that apply):

1. General Public
2. Low-to-Moderate Income
3. Moderate-to-Upper Income
4. Children and Youth
5. Young Adults/College Students
6. Baby Boomers
7. Elderly
8. Military
9. Financial Professionals
10. Teachers/Educators
11. Other
12. Other

Delivery method (check all that apply):

9. Workshop/Seminar
10. Multi-session Course
11. One-on-one Financial Counseling
12. Internet
13. Printed materials
14. Electronic Materials such as CD-ROMS
15. Long-distance Education
16. Other

Total number of program contact hours: _______ hours

On average, what percentage of the participants had less than an 8th grade reading level? _______ %

On average, what percentage of the participants was non-English speaking? _______ %

What financial education curricula and resources were shared with program participants?

Were there any particularly useful or interesting comments made by the program participants?
EXAMPLE OF AN EVALUATION TOOL CREATED BY THE DATABASE AND PRINTED AFTER EDITING

Financial Literacy
UGA Cooperative Extension

Learning for Life

Post-Evaluation

Evaluation ID Number: __________     Date: __________

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

<table>
<thead>
<tr>
<th></th>
<th>Not helpful</th>
<th>Somewhat helpful</th>
<th>Helpful</th>
<th>Very helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructor(s)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Educational Materials</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Overall Program</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</tr>
</tbody>
</table>

Testing Knowledge
Please circle your answer to each of the following statements.

1. Financial choices made today have very little impact on financial situations in the future. True  False
2. Lifestyle choices made today will have very little impact on financial situations in the future. True  False
3. What can be done with money today depends on what was done with money yesterday. True  False
4. Every financial decision has consequences. True  False
5. Financial success is achieved through choices made. True  False

Building Skills
Please circle the number that best describes how your confidence to do the following has changed:

<table>
<thead>
<tr>
<th>Your confidence to:</th>
<th>Decreased</th>
<th>Stayed the same</th>
<th>Increased</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Write down S.M.A.R.T. financial goals.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Discuss goals with spouse and/or family members.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Calculate the amount of money needed to reach your goals.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Work on the first steps needed to reach your goals.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Save regularly to achieve your goals.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
**Taking Charge**

Please circle the number that best describes your answer.

<table>
<thead>
<tr>
<th>As a result of this program, you plan to:</th>
<th>No</th>
<th>Maybe</th>
<th>Yes</th>
<th>Already doing this</th>
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<tr>
<td>5. Save regularly to achieve your goals.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

What did you like the most about this program?

What did you like the least about this program?

How could this program be improved?

Would you recommend this program to others?

- Yes
- No

What is your age?_____

What is the highest level of education you have completed?

- Some high school
- High school graduate (or GED)
- Some college
- Associate’s degree
- Bachelor’s degree
- Post graduate degree

What is your gender?

- Male
- Female

Did you receive an earned income tax credit (EITC) last year?

- Yes
- No

Comments or suggestions about the program:

---

Thank you for completing this evaluation.  
We appreciate your help as we strive to improve our educational programs.
(OPTIONAL) Share your name/address/phone number, if you are willing to allow us to contact you for follow-up comments.

Name: ___________________________ Phone Number: ______________________
Address: ____________________________________________________________________