

FINANCIAL EDUCATION
evaluationmanual



NATIONAL ENDOWMENT FOR
FINANCIAL EDUCATION

Partnering for Financial Well-Being

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

SAMPLE A—POST EVALUATION ONLY
Post Evaluation

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.

	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

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:

Your confidence to:	Decreased	Stayed the same	Increased
1. Write out a spending plan.	1	2	3
2. Keep track of spending and income.	1	2	3
3. Pay bills on time each month.	1	2	3
4. Save money regularly.	1	2	3
5. Spend less than you earn.	1	2	3

SAMPLE A—POST EVALUATION ONLY
Post Evaluation

Taking Charge

Please circle the number that best describes your answer.

As a result of this program, you plan to:	No	Maybe	Yes	Already doing this	Does not apply
1. Write out a spending plan.	1	2	3	4	5
2. Keep track of spending and income.	1	2	3	4	5
3. Pay bills on time each month.	1	2	3	4	5
4. Save money regularly.	1	2	3	4	5
5. Spend less than you earn.	1	2	3	4	5

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 _____

SAMPLE A—POST EVALUATION ONLY
Post Evaluation

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: _____

SAMPLE A—POST EVALUATION ONLY
Follow-Up Evaluation

ID Number: _____

Date: _____

TITLE OF PROGRAM
NAME OF ORGANIZATION
Follow-Up Evaluation

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?

Financial Practice	I am not doing this	I am doing this sometimes	I am doing this most of the time	I am doing this all of the time
1. Writing out a spending plan.	1	2	3	4
2. Keeping track of spending and income.	1	2	3	4
3. Paying bills on time each month.	1	2	3	4
4. Saving money regularly.	1	2	3	4
5. Spending less than you earn.	1	2	3	4

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.

	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 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.**

SAMPLE A—POST EVALUATION ONLY
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):

- | | |
|--|--|
| <input type="checkbox"/> 1. Consumer Decision Making | <input type="checkbox"/> 7. Retirement and Estate Planning |
| <input type="checkbox"/> 2. Budgeting | <input type="checkbox"/> 8. Consumer Protection and Identity Theft |
| <input type="checkbox"/> 3. Cash Flow Management | <input type="checkbox"/> 9. Risk Management and Insurance |
| <input type="checkbox"/> 4. Savings and Investments | <input type="checkbox"/> 10. Taxation |
| <input type="checkbox"/> 5. Debt Management | <input type="checkbox"/> 11. Other _____ |
| <input type="checkbox"/> 6. Homeownership | <input type="checkbox"/> 12. Other _____ |

Profile of participants (check all that apply):

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

Delivery method (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> 1. Workshop/Seminar | <input type="checkbox"/> 5. Printed materials |
| <input type="checkbox"/> 2. Multi-session Course | <input type="checkbox"/> 6. Electronic Materials such as CD-ROMS |
| <input type="checkbox"/> 3. One-on-one Financial Counseling | <input type="checkbox"/> 7. Long-distance Education |
| <input type="checkbox"/> 4. Internet | <input type="checkbox"/> 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

SAMPLE B—PRE AND POST EVALUATION
Pre Evaluation

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 Skills

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

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

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
- 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

SAMPLE B—PRE AND POST EVALUATION
Pre Evaluation

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

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

SAMPLE B—PRE AND POST EVALUATION
Post Evaluation

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.

	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

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:

How confident are you to:	Not confident	A little confident	Somewhat confident	Confident	Very confident
1. Write out a spending plan.	1	2	3	4	5
2. Keep track of spending and income.	1	2	3	4	5
3. Pay bills on time every month.	1	2	3	4	5
4. Save money regularly.	1	2	3	4	5
5. Spend less than you earn.	1	2	3	4	5

Taking Charge

Please circle the number that best describes your answer.

As a result of this program, you plan to:	No	Maybe	Yes	Already doing this	Does not apply
1. Write out a spending plan.	1	2	3	4	5
2. Keep track of spending and income.	1	2	3	4	5
3. Pay bills on time each month.	1	2	3	4	5
4. Save money regularly.	1	2	3	4	5
5. Spend less than you earn.	1	2	3	4	5

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: _____

SAMPLE B—PRE AND POST EVALUATION
Follow-Up Evaluation

ID Number: _____

Date: _____

TITLE OF PROGRAM
NAME OF ORGANIZATION
Follow-Up Evaluation

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?

Financial Practice	I am not doing this	I am doing this sometimes	I am doing this most of the time	I am doing this all of the time
1. Writing out a spending plan.	1	2	3	4
2. Keeping track of spending and income.	1	2	3	4
3. Paying bills on time each month.	1	2	3	4
4. Saving money regularly.	1	2	3	4
5. Spending less than you earn.	1	2	3	4

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

1.
2.
3.

SAMPLE B—PRE AND POST EVALUATION Follow-Up Evaluation

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

Financial Position	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 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 B—PRE AND POST EVALUATION
Follow-Up Evaluation**

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.**

SAMPLE B—PRE AND POST 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 | _____ 7. Retirement and Estate Planning |
| _____ 2. Budgeting | _____ 8. Consumer Protection and Identity Theft |
| _____ 3. Cash Flow Management | _____ 9. Risk Management and Insurance |
| _____ 4. Savings and Investments | _____ 10. Taxation |
| _____ 5. Debt Management | _____ 11. Other _____ |
| _____ 6. Homeownership | _____ 12. Other _____ |

Profile of participants (check all that apply):

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

Delivery method (check all that apply):

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

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. Writing out a spending plan.	1	2	3	4	5
2. Keeping track of spending and income.	1	2	3	4	5
3. Paying bills on time each month.	1	2	3	4	5
4. Saving money regularly.	1	2	3	4	5
5. Spending less than you earn.	1	2	3	4	5
6. Reviewing bills each month for accuracy.	1	2	3	4	5
7. Comparing prices before making purchases.	1	2	3	4	5
8. Paying off new charges on credit cards every month.	1	2	3	4	5

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.

SAMPLE C—STAGES TO CHANGE EVALUATION
Mid-Term Observation

TITLE OF PROGRAM
NAME OF ORGANIZATION

Mid-Term Observation

ID Number: _____

Date: _____

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. Writing out a spending plan.	1	2	3	4	5
2. Keeping track of spending and income.	1	2	3	4	5
3. Paying bills on time each month.	1	2	3	4	5
4. Saving money regularly.	1	2	3	4	5
5. Spending less than you earn.	1	2	3	4	5
6. Reviewing bills each month for accuracy.	1	2	3	4	5
7. Comparing prices before making purchases.	1	2	3	4	5
8. Paying off new charges on credit cards every month.	1	2	3	4	5

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.

	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. Writing out a spending plan.	1	2	3	4	5
2. Keeping track of spending and income.	1	2	3	4	5
3. Paying bills on time each month.	1	2	3	4	5
4. Saving money regularly.	1	2	3	4	5
5. Spending less than you earn.	1	2	3	4	5
6. Reviewing bills each month for accuracy.	1	2	3	4	5
7. Comparing prices before making purchases.	1	2	3	4	5
8. Paying off new charges on credit cards every month.	1	2	3	4	5

SAMPLE C—STAGES TO CHANGE EVALUATION
End-of-Program Observation

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.

SAMPLE C—STAGES TO CHANGE EVALUATION
Progress Reporting Sheet

TITLE OF PROGRAM
NAME OF ORGANIZATION
Progress Reporting Sheet

ID Number: _____

Date: _____

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

Financial Position	At the beginning of the program	In the middle of the program	At the end of the program
1. How much do you currently owe in credit card debt? (\$)			
2. How many credit cards do you have? (#)			
3. How much did you pay in late fees last month? (\$)			
4. How much do you pay over the minimum balance due? (\$)			
5. What is the highest interest rate on your credit card(s)? (%)			

SAMPLE C—STAGES TO CHANGE EVALUATION
Follow-Up Evaluation

ID Number: _____

Date: _____

TITLE OF PROGRAM
NAME OF ORGANIZATION
Follow-Up Evaluation

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.

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. Writing out a spending plan.	1	2	3	4	5
2. Keeping track of spending and income.	1	2	3	4	5
3. Paying bills on time each month.	1	2	3	4	5
4. Saving money regularly.	1	2	3	4	5
5. Spending less than you earn.	1	2	3	4	5
6. Reviewing bills each month for accuracy.	1	2	3	4	5
7. Comparing prices before making purchases.	1	2	3	4	5
8. Paying off new charges on credit cards every month.	1	2	3	4	5

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.

Financial Position	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 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):

- | | |
|--|--|
| <input type="checkbox"/> 1. Consumer Decision Making | <input type="checkbox"/> 7. Retirement and Estate Planning |
| <input type="checkbox"/> 2. Budgeting | <input type="checkbox"/> 8. Consumer Protection and Identity Theft |
| <input type="checkbox"/> 3. Cash Flow Management | <input type="checkbox"/> 9. Risk Management and Insurance |
| <input type="checkbox"/> 4. Savings and Investments | <input type="checkbox"/> 10. Taxation |
| <input type="checkbox"/> 5. Debt Management | <input type="checkbox"/> 11. Other _____ |
| <input type="checkbox"/> 6. Homeownership | <input type="checkbox"/> 12. Other _____ |

Profile of participants (check all that apply):

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

Delivery method (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> 1. Workshop/Seminar | <input type="checkbox"/> 5. Printed materials |
| <input type="checkbox"/> 2. Multi-session Course | <input type="checkbox"/> 6. Electronic Materials such as CD-ROMS |
| <input type="checkbox"/> 3. One-on-one Financial Counseling | <input type="checkbox"/> 7. Long-distance Education |
| <input type="checkbox"/> 4. Internet | <input type="checkbox"/> 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

**SAMPLE D—TRAIN-THE-TRAINER EVALUATION
Pre Evaluation**

**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:

How confident are you to:	Not confident	A little confident	Somewhat confident	Confident	Very confident
1. Understand participants' financial education needs.	1	2	3	4	5
2. Answer participants' questions about financial education.	1	2	3	4	5
3. Present effective financial education programs.	1	2	3	4	5

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:

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

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.**

**SAMPLE D—TRAIN-THE-TRAINER EVALUATION
Post Evaluation**

**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.

	Poor	Fair	Good	Excellent
Instructor(s)	1	2	3	4
Educational Materials	1	2	3	4
Overall Program	1	2	3	4

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 D—TRAIN-THE-TRAINER EVALUATION Post Evaluation

Building Teaching Skills

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

How confident are you to:	Not confident	A little confident	Somewhat confident	Confident	Very confident
1. Understand participants' financial education needs.	1	2	3	4	5
2. Answer participants' questions about financial education.	1	2	3	4	5
3. Present effective financial education programs.	1	2	3	4	5

Shaping Personal Skills

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

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

Taking Action for Teaching

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

As a result of this program, do you plan to:	No	Maybe	Yes	Already doing this	Does not apply
1. Deliver more educational programs in this subject area?	1	2	3	4	5
2. Better explain the subject?	1	2	3	4	5
3. Use a variety of learning materials?	1	2	3	4	5
4. Deliver programs with confidence?	1	2	3	4	5
5. Share the training materials with other instructors?	1	2	3	4	5

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:

As a result of this program, do you plan to:	No	Maybe	Yes	Already doing this	Does not apply
1. Write out a spending plan.	1	2	3	4	5
2. Keep track of spending and income.	1	2	3	4	5
3. Pay bills on time each month.	1	2	3	4	5
4. Save money regularly.	1	2	3	4	5
5. Spend less than you earn.	1	2	3	4	5

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
 25-34
 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:** _____

SAMPLE D—TRAIN-THE-TRAINER EVALUATION
Follow-Up Evaluation

ID Number: _____

Date: _____

TITLE OF PROGRAM
NAME OF ORGANIZATION
Follow-Up Evaluation

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: _____

SAMPLE D—TRAIN-THE-TRAINER EVALUATION
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. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 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 | _____ 7. Retirement and Estate Planning |
| _____ 2. Budgeting | _____ 8. Consumer Protection and Identity Theft |
| _____ 3. Cash Flow Management | _____ 9. Risk Management and Insurance |
| _____ 4. Savings and Investments | _____ 10. Taxation |
| _____ 5. Debt Management | _____ 11. Other _____ |
| _____ 6. Homeownership | _____ 12. Other _____ |

Profile of participants (check all that apply):

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

Delivery method (check all that apply):

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



Post-Evaluation

Evaluation 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

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:

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

Taking Charge

Please circle the number that best describes your answer.

As a result of this program, you plan to:	No	Maybe	Yes	Already doing this	Does not apply
1. Write down S.M.A.R.T. financial goals.	1	2	3	4	5
2. Discuss goals with spouse and/or family members.	1	2	3	4	5
3. Calculate the amount of money needed to reach your goals.	1	2	3	4	5
4. Work on the first steps needed to reach your goals.	1	2	3	4	5
5. Save regularly to achieve your goals.	1	2	3	4	5

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: _____
