



Organization _____

Class Topic _____

Location of Class _____

Instructor _____

Date of Class _____

Workshop Evaluation

Please help us make our workshops the best they can be! Your answers to these questions will let us know what information is most important for you. All of your responses will be completely private and confidential. Survey data will only be reported in the aggregate, with no personal information attached.

The presenter was knowledgeable and helpful.

I would recommend the workshop for a friend or family member.

I was given useful and helpful information.

The information was clear and easy to follow.

Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How can this workshop be improved?

Open a checking account

Open a savings account

Create a budget or spending plan

Establish a financial goal

Review my credit report

Start an emergency/rainy day savings account

Increase my savings

Review my credit card statement

	As a result of this workshop, I plan to	I have already done this	I didn't learn this today
Open a checking account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open a savings account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Create a budget or spending plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establish a financial goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review my credit report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Start an emergency/rainy day savings account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase my savings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review my credit card statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please answer the following questions about yourself. This information will be kept completely confidential.

Gender:

____ Male
 ____ Female

Age:

____ Under 18
 ____ 19 - 26
 ____ 27 - 36
 ____ 37 - 46
 ____ 47 - 56
 ____ Over 56

What is your household's approximate annual income?

____ Less than \$15,000
 ____ \$15,000 - \$24,999
 ____ \$25,000 - \$34,999
 ____ \$35,000 - \$49,999
 ____ \$50,000 - \$74,999
 ____ \$75,000 or more

Race/Ethnicity:

____ Native American or Alaskan Native
 ____ Asian
 ____ African American
 ____ Hispanic or Latino
 ____ White (Non Hispanic)
 ____ Multi-racial
 ____ Other _____

Please scan workshop evaluation and other required documentation (sign-in sheets & pre/post tests) and email to grants@getbankednow.org within two weeks after the class(es) for reimbursement.

Thank You!