

Instrument 2: Survey for Trainer Feedback on Curriculum Following Usage

Thank you for completing this survey as part of our evaluation of this training on Your Money, Your Goals. This information is being collected to help CFPB improve the Your Money, Your Goals materials. CFPB and its contractor will review responses to identify potential enhancements to the materials.

Complete this survey providing short written responses and selecting from response options, as prompted by the survey questions. Please note that your responses will be kept private to the extent permitted by law and when survey results are reported none of your answers will be directly connected to you. Please see the Paperwork Reduction Act statement and Privacy Notice on the last page of this survey.

The organization sponsoring this delivery of the Consumer Financial Protection Bureau's *Your Money, Your Goals* (may be the same as or different from your employer):

Contextual Information

- 1) How many people participated in this training? _____
- 2) In what city and state was the training held? _____
- 3) What was the total duration of this training (excluding breaks)? _____
- 4) Describe the backgrounds and professional roles of participants in this training and the range of organizations for which they work.

- 5) Will the participants you trained usually be working with workers in groups, individually in person, or individually by telephone? (check all that apply)

- Groups
- Individually in person
- Individually by telephone

- 6) In which group settings do the participants you trained intend to use *Your Money, Your Goals* with workers?

7) In which one-on-one settings do the participants you trained intend to use *Your Money, Your Goals* with workers?

8) What types of services are workers generally seeking when they contact the participants that you trained? (For example, are they looking for assistance with managing a layoff or other disruption in employment? Assistance related to an on the job injury?)

Feedback on Toolkit Modules

In the following section of the survey, we would like you to describe your experiences and satisfaction with each of the individual modules in *Your Money, Your Goals*. **If you need additional space for any of your answers, please use the back of the page.**

Pending OMB Approval / Do Not Use

Module	On a scale of 1 to 5, how useful do you think these resources will be to the participants?	How many minutes did you spend discussing this module?	What content in this module will be most useful for participants?	What content or tools in this module will be less useful for participants, if any, and <u>why</u> ?	What feedback do you have for how this module should be revised?
Module 1: Introduction to the Toolkit	<input type="checkbox"/> 5: Extremely useful <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1: Not at all useful <input type="checkbox"/> N/A Not covered	<hr/> <input type="checkbox"/> I did not discuss this module during this training			
Module 2: Assessing the Situation	<input type="checkbox"/> 5: Extremely useful <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1: Not at all useful <input type="checkbox"/> N/A Not covered	<hr/> <input type="checkbox"/> I did not discuss this module during this training			

Module	On a scale of 1 to 5, how useful do you think these resources will be to the participants?	How many minutes did you spend discussing this module?	What content in this module will be most useful for participants?	What content or tools in this module will be less useful for participants, if any, and <u>why</u> ?	What feedback do you have for how this module should be revised?
Module 3: Starting the Conversation	<input type="checkbox"/> 5: Extremely useful <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1: Not at all useful <input type="checkbox"/> N/A Not covered	<hr/> <input type="checkbox"/> I did not discuss this module during this training			
Module 4: Emotional and Cultural Influences on Financial Decisions	<input type="checkbox"/> 5: Extremely useful <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1: Not at all useful <input type="checkbox"/> N/A Not covered	<hr/> <input type="checkbox"/> I did not discuss this module during this training			

Module	On a scale of 1 to 5, how useful do you think these resources will be to the participants?	How many minutes did you spend discussing this module?	What content in this module will be most useful for participants?	What content or tools in this module will be less useful for participants, if any, and <u>why</u> ?	What feedback do you have for how this module should be revised?
Module 5: Financial Empowerment in a Group Setting	<input type="checkbox"/> 5: Extremely useful <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1: Not at all useful <input type="checkbox"/> N/A Not covered	<hr/> <input type="checkbox"/> I did not discuss this module during this training			
Module 6: Setting Goals	<input type="checkbox"/> 5: Extremely useful <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1: Not at all useful <input type="checkbox"/> N/A Not covered	<hr/> <input type="checkbox"/> I did not discuss this module during this training			
Module 7:	<input type="checkbox"/> 5: Extremely useful				

Module	On a scale of 1 to 5, how useful do you think these resources will be to the participants?	How many minutes did you spend discussing this module?	What content in this module will be most useful for participants?	What content or tools in this module will be less useful for participants, if any, and <u>why</u> ?	What feedback do you have for how this module should be revised?
Saving for the Unexpected, Emergencies and Goals	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1: Not at all useful <input type="checkbox"/> N/A Not covered	<hr/> <input type="checkbox"/> I did not discuss this module during this training			
Module 8: Managing Income and Benefits	<input type="checkbox"/> 5: Extremely useful <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1: Not at all useful <input type="checkbox"/> N/A Not covered	<hr/> <input type="checkbox"/> I did not discuss this module during this training			
Module 9:	<input type="checkbox"/> 5: Extremely useful				

Module	On a scale of 1 to 5, how useful do you think these resources will be to the participants?	How many minutes did you spend discussing this module?	What content in this module will be most useful for participants?	What content or tools in this module will be less useful for participants, if any, and <u>why</u> ?	What feedback do you have for how this module should be revised?
Paying Bills	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1: Not at all useful <input type="checkbox"/> N/A Not covered	<hr/> <input type="checkbox"/> I did not discuss this module during this training			
Module 10: Managing Cash Flow	<input type="checkbox"/> 5: Extremely useful <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1: Not at all useful <input type="checkbox"/> N/A Not covered	<hr/> <input type="checkbox"/> I did not discuss this module during this training			
Module 11:	<input type="checkbox"/> 5: Extremely useful				

Module	On a scale of 1 to 5, how useful do you think these resources will be to the participants?	How many minutes did you spend discussing this module?	What content in this module will be most useful for participants?	What content or tools in this module will be less useful for participants, if any, and <u>why</u> ?	What feedback do you have for how this module should be revised?
Dealing with Debt	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1: Not at all useful <input type="checkbox"/> N/A Not covered	<hr/> <input type="checkbox"/> I did not discuss this module during this training			
Module 12: Understanding Credit Reports and Scores	<input type="checkbox"/> 5: Extremely useful <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1: Not at all useful <input type="checkbox"/> N/A Not covered	<hr/> <input type="checkbox"/> I did not discuss this module during this training			

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Module 13: Evaluating Financial Service Providers, Products and Services	<input type="checkbox"/> 5: Extremely useful <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1: Not at all useful <input type="checkbox"/> N/A Not covered	<hr/> <input type="checkbox"/> I did not discuss this module during this training			
Module 14: Protecting Consumer Rights	<input type="checkbox"/> 5: Extremely useful <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1: Not at all useful <input type="checkbox"/> N/A Not covered	<hr/> <input type="checkbox"/> I did not discuss this module during this training			

Overall Reaction and Feedback

9) Is there anything that you did during this training that worked particularly well?

10) Is there anything that you would do differently if you were to do this training again?

11) Are there any topics that you believe should be covered in more detail in *Your Money, Your Goals*, or any additional tools or resources that should be added?

12) Thinking about the goal of equipping people who serve workers to integrate financial empowerment into their work, please provide any other suggestions you have for how *Your Money, Your Goals* could be improved.

Paperwork Reduction Act

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The OMB control number for this collection is 3170-0038. It expires on 08/31/2016. The time required to complete this information collection is estimated to average approximately 20 minutes per response, including the time for reviewing any instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection of information is voluntary. Comments regarding this collection of information, including the estimated response time, suggestions for improving the usefulness of the information, or suggestions for reducing the burden to respond to this collection should be submitted to Bureau at the Consumer Financial Protection Bureau (Attention: PRA Office), 1700 G Street NW, Washington, DC 20552, or by email to PRA@cfpb.gov.

Privacy Notice

Information you provide in response to this survey will help the survey sponsor the Consumer Financial Protection Bureau (“CFPB”) evaluate the effectiveness of the *Your Money, Your Goals* toolkit, and to assess the scope of partner organizations’ use of the toolkit.

The CFPB will not obtain or access any information that directly identifies respondents, and any answers or comments you provide will not be tied to you individually. The agency will only obtain and access de-identified results and aggregated analyses of those results. Any directly identifying information will only be used by ICF International (survey facilitator) and partner organizations to facilitate distribution and collection of surveys and survey responses. Survey responses will not be shared and will be kept private except as required by law.

This collection of information is authorized by Pub. L. No. 111-203, Title X, Sections 1013 and 1022, codified at 12 U.S.C. §§ 5493 and 5512.

Your participation is voluntary, and you may withdraw participation at any time.