

# Training Planner Survey

This survey is designed to gather feedback on the *Your Money, Your Goals* Training Planner, which was introduced to you at a recent train-the-trainer event you attended. The Consumer Financial Protection Bureau will use the information you provide to make improvements to the Training Planner.

## Privacy Act Statement

### 5 U.S.C. 552(a)(e)(3)

The information you provide through your responses will assist the Consumer Financial Protection Bureau (“CFPB”) in providing improvements to the *Your Money, Your Goals* Training Planner.

The CFPB will access basic contact information such as name, email address, and telephone number for the purpose of contacting you to learn about your experience in using the training planner.

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.

Participation in this study is voluntary, you are not required to participate or share any identifying information.

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and not withstanding any other provision of law 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 3170-0024. It expires on 11/30/2018. The time required to complete this information collection is estimated to average approximately 10 minutes per response. 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 [CFPB\\_PRA@cfpb.gov](mailto:CFPB_PRA@cfpb.gov).

We would like to know about your role in your organization.

1. What organization do you work for?
  - a. Organization:
  - b. City:
  - c. State:
2. In your role in your organization, are you responsible for conducting training?
  - a. Yes
  - b. No
3. Did you use the Training Planner after your ICF International-led training on *Your Money, Your Goals* to plan a training for others in your organization or community?

- a. Yes
  - b. No
4. If no, why not?
- a. Open response

We would now like to ask you about the ICF-led training that you attended and the materials provided for planning your trainings.

Identify the extent to which you agree or disagree with the following statements.

5. The instructions I received during my ICF-led training on how to use the Training Planner were clear and prepared me to complete the rest of the planner when I started to plan the training for my organization or community.
  1. Strongly disagree
  2. Disagree
  3. Neither agree nor disagree
  4. Agree
  5. Strongly agree
6. The Training Planner was easy to navigate.
  1. Strongly disagree
  2. Disagree
  3. Neither agree nor disagree
  4. Agree
  5. Strongly agree

Answer the following questions about specific parts of the Training Planner.

7. What do you think about the overall length of the Training Planner?
  1. The Training Planner was just the right length. It wasn't too long or too short.
  2. The Training Planner was too long.
  3. The Training Planner was too short.
8. Did the level of detail about each section of the training help you to decide what to should include in your training agenda?
  1. Yes, the level of detail was helpful.
  2. No, there was not enough detail about each section to be helpful.
  3. No, the level of detail about each section was too overwhelming.
  4. I did not use the section descriptions to plan my training
9. Were the estimates in the Training Planner for how long it takes to cover each section of the training accurate?
  1. Yes, the time estimates were accurate.
  2. No, the time estimates were generally too long.
  3. No, the time estimates were generally too short.
  4. I did not use the time estimates to plan my training.

10. With a check mark, identify the extent to which each section of the Training Planner was helpful to you in planning a training for your organization or community. If it's been a while since you've filled out the Training Planner, use the blank copy provided with this survey to help jog your memory.

<b>Training Planner Sections</b>	Extremely unhelpful	Unhelpful	Neither helpful nor unhelpful	Helpful	Extremely helpful
<i>Who am I training?</i> (page 2)					
<i>What logistics do I need to consider?</i> (page 3)					
<i>What do my participants need to know?</i> (pages 4-20)					
<i>How will I organize my training?</i> (pages 21-22)					
<i>What do I need to prepare?</i> (pages 23-24)					
<i>How did it go?</i> (page 25)					

Tell us about your overall impressions of the Training Planner.

11. I will use the Training Planner if I have to plan another *Your Money, Your Goals* training in the future.
  1. Strongly disagree
  2. Disagree
  3. Neither agree nor disagree
  4. Agree
  5. Strongly agree
12. Was there anything that you didn't see in the Training Planner that you would have found helpful in planning your training?
  - a. Open response
13. Is there anything else you'd like to share with us about the Training Planner?
  - a. Open response

**Thank you for your feedback!**