

# Post-Training Survey for *Your Money, Your Goals*

For completion by training participants following a *Your Money, Your Goals* training.

Return this survey to your trainer.

***Thank you for completing this survey. This information is being collected to help the Consumer Financial Protection Bureau to help improve the *Your Money, Your Goals* 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.***

**1) Which organization organized this delivery of *Your Money, Your Goals*?**

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**2) Which of the Consumer Financial Protection Bureau’s (CFPB) *Your Money, Your Goals* partners organized the larger training initiative of which this delivery is a part?**

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**3) Which version of the toolkit was used for your training? (See the subtitle on your copy of the toolkit or guide.)**

- |   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> Social Services Programs | <input type="checkbox"/> Workers   | <input type="checkbox"/> Reentry               |
| <input type="checkbox"/> Volunteers               | <input type="checkbox"/> Legal Aid | <input type="checkbox"/> Disabilities Services |
|   |                                    | <input type="checkbox"/> Tribal communities    |

**4) Please indicate the extent to which you agree or disagree with each of the following statements. If you disagree with any of the statements, please explain below.**

	Strongly Agree	Agree	Disagree	Strongly Disagree
The training was effective.	○	○	○	○
<i>Your Money, Your Goals</i> will improve my ability to meet the needs of the people I serve.	○	○	○	○
I feel prepared to use the tools and resources in the Financial Empowerment Training toolkit.	○	○	○	○
I plan to use the tools and resources in <i>Your Money, Your Goals</i> with the people I serve.	○	○	○	○
Understand core financial management topics, such as budgeting, saving, and setting financial goals?	○	○	○	○

**5) How confident are you in your ability to...**

	<b>Very Confident</b>	<b>Confident</b>	<b>Somewhat Confident</b>	<b>Not at All Confident</b>
Discuss core financial management topics with the people you serve?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assess individuals' financial condition or situation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get help if you or the people you serve have questions about financial issues?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refer people to community resources such as credit-debt counseling and tax filing assistance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Know where to go for unbiased information or help in working with the people you serve?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help people manage their financial challenges?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide the right financial content at the right time in the context of your work with individuals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access and use tools and materials from the Consumer Financial Protection Bureau (CFPB) through its consumer website?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**6) How well do these statements describe you or your situation?**

**Part 1**

<b>This statement describes me</b>	<b>Completely</b>	<b>Very Well</b>	<b>Somewhat</b>	<b>Very Little</b>	<b>Not at all</b>
I could handle a major unexpected expense	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am securing my financial future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because of my money situation, I feel like I will never have the things I want in life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can enjoy life because of the way I'm managing my money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am just getting by financially	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am concerned that the money I have or will save won't last	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Part 2: How often does this statement apply to you?**

This statement applies to me	Always	Often	Sometimes	Rarely	Never
Giving a gift for a wedding, birthday or other occasion would put a strain on my finances for the month	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have money left over at the end of the month	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am behind with my finances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My finances control my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Part 3: Tell us about yourself.**

	18-61	62+
How old are you?		

**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.

**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-XXXX. It expires on XX/XX/20XX. 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).