

# Instrument 1: Train-the-Trainer Feedback Survey

*Thank you for completing this survey as part of our evaluation of this training on Your Money, Your Goals. Please note that your responses will be kept confidential, and when survey results are reported none of your answers will be connected to you or your organization.*

**1) Which partner organization in CFPB’s Your Money, Your Goals cohort are you affiliated with?**

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**2) After participating in this training, how well-prepared do you feel to organize and lead workshops with case managers and other frontline staff on Your Money, Your Goals?**

- Well-prepared
- Somewhat prepared
- Not prepared

**1b) [If respondent answers “somewhat prepared” or “not prepared”] In what ways do you wish you were more prepared?**

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**3) 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 trainers were knowledgeable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The trainers’ approaches and methods were compatible with my learning style and preferences.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The trainer listened effectively to contributions from me and other participants.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your Money, Your Goals will improve the ability of the case managers I train to meet the needs of their clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**4) Do you think that the web-based format that was used for this training was effective?**

- Yes
- Not sure
- No

**6b) Please explain your answer to Question 5.**

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**5) Are there any topics that you wish had been covered in more detail in this training?**

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**6) Please provide any suggestions you have for how this training could be improved.**

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**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 20 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).