

1 Appendix E: Activity Report for Approved Providers
 (Application for Approval as a Provider of a Personal Financial Management Instructional Course)

Questions? Contact Executive Office for United States Trustees at (202) 514-4100, or ust.de.help@usdoj.gov.

Reporting Period: (Check one) July-December January-June **Year:** _____

Provider No:

Name of Provider:

E-Mail:

Contact Person: _____
 Someone who could answer USTP questions

Instructions: Please provide actual (not estimated) data for all debtors instructed by the Provider this reporting period. No cell should be left blank. If none, enter "0" in the cell.

Debtors Receiving Instruction this Reporting Period

- Q1** Number of debtors receiving instruction this reporting period
- Q2** Number of debtors **requesting** instruction in language other than English*
- Q3** Number of debtors **provided** instruction in language other than English*
- Q4** Number of hearing-impaired debtors **requesting** instruction
- Q5** Number of hearing-impaired debtors **provided** instruction

* Specify languages on next page

Instructions: Please provide actual (not estimated) data for all fees and bankruptcy certificates issued by the Provider this reporting period. No cell should be left blank. If none, please enter "0" in the cell.

Debtor Education Certificates Issued this Reporting Period

| | Instructional Method | | | Q9 Total Fees or Contributions |
|---|----------------------|----------------|---------------|--|
| | a In-Person | b Telephone | c Internet | |
| Q6 Certificates issued at no cost | | | | ▶ a <input type="text"/> ▶ b <input type="text"/> <input type="text"/> |
| Q7 Certificates issued at reduced cost | | | | |
| Q8 Certificates issued at regular cost | | | | |
| Total | | | | |
| | (Q6a+Q7a+Q8a) | (Q6b+Q7b+Q8b) | (Q6c+Q7c+Q8c) | (Q9a+Q9b) |

Course Evaluation Summary:

| For courses conducted during | In-Person | | Telephone | | Internet | |
|---|-----------|------|-----------|------|----------|------|
| | % Yes | % No | % Yes | % No | % Yes | % No |
| Probationary or Annual Period | | | | | | |
| COURSE | | | | | | |
| Goals were explained clearly. | | | | | | |
| Course topics were relevant to my life. | | | | | | |
| Learning materials were helpful. | | | | | | |
| Course content was easy to understand. | | | | | | |
| INSTRUCTOR | | | | | | |
| Instructor was well prepared. | | | | | | |
| Instructor was helpful. | | | | | | |
| COURSE ENVIRONMENT | | | | | | |
| Training facility was comfortable. | | | | | | |
| Facility location was convenient. | | | | | | |
| COURSE RESULTS | | | | | | |
| I learned something I can use. | | | | | | |
| I will use a budget at home. | | | | | | |

Languages Requested other than English*

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

* If more than ten, please attach a list of additional languages requested.

Languages Provided other than English*

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

* If more than ten, please attach a list of additional languages provided.

