

Session Feedback Form

Money Smart for Older Adults Train-the-Trainer

About this training:	
Training location: _____	City: _____
Training date: _____	State: _____
Trainer(s): _____	Number of participants: _____

Thank you for participating in the **Money Smart for Older Adults** Train-the-Trainer session. To help us improve future sessions, please complete this form.

1) How was the training conducted?	In-person presentation	Webinar	Small discussion session	Other
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2) The information presented today was clear and easy to understand.	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
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3) The length of the session was:	Too short	Just right	Too long
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4) The handouts were useful.	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
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5) Did you experience any technical difficulties?	Yes	No	N/A
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If yes, briefly explain:

6) I feel comfortable teaching Money Smart for Older Adults after today.	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
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If disagree or strongly disagree, why not?
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7) I would recommend this Money Smart for Older Adults train-the-trainer session to my peers.	<p style="text-align: center;"> Strongly disagree Disagree Neutral Agree Strongly Agree </p>
	 <p>If disagree or strongly disagree, why not?</p>

8) I am likely to train clients using the Money Smart for Older Adults curriculum.	<p style="text-align: center;"> Strongly disagree Disagree Neutral Agree Strongly Agree </p>
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9) Other comments or suggestions (use reverse side if you need more space):	
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Privacy Act Statement

5 U.S.C. 552a(e)(3) The information you provide to the Consumer Financial Protection Bureau (“CFPB”) will only be used to evaluate the Money Smart for Older Americans Training Sessions. The Bureau may obtain or access directly identifying information about participants. Information collected will be treated in accordance with the System of Records Notice (“SORN”), [CFPB.021 – CFPB Consumer Education and Engagement Records, 83 FR 23435](#). Although the Bureau does not anticipate further disclosing the information provided, it may be disclosed as indicated in the Routine Uses described in the SORN. Direct identifying information will only be used to facilitate the training 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. Participation in this evaluation is voluntary. You are not required to participate or share any identifying information and you may withdraw participation at any time. However, if you do not include the requested information, you may not be able to participate in the evaluation.

Paperwork Reduction Act

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and notwithstanding 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 XX/XX/XXXX. The time required to complete this information collection is estimated to average approximately 3 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 Consumer Financial Protection Bureau (Attention: PRA Office), 1700 G Street NW, Washington, DC 20552, or by email to CFPB_PRA@cfpb.gov.