

Training Evaluation Form

Savings Initiative

Thank you for completing this survey. This information is being collected to help the Consumer Financial Protection Bureau (CFPB) understand your experiences with participation in this information session as a part of the Savings initiative. Your feedback will be used to ensure that future information sessions meet participants' needs.

Please see the Privacy Notice and Paperwork Reduction Act statement on the last page of this survey.

Background

1. What organization do you represent?
 - a. Drop down menu, including 'other' with space for write-in

2. What is your primary purpose for attending this information session?
 - a. Increasing my own knowledge on topics being covered
 - b. Getting information to share with/train other staff or volunteers at my organization
 - c. Other (please specify): _____

Training Experience and Feedback

3. Please indicate which information session you participated in.
 - a. Drop down menu listing all 20 sessions being provided by ICF (webinars and in-person workshops), including date and format to help participant with selection

Please indicate the extent to which you agree with the statements below.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
4. The training was relevant to the financial topics that come up most often for the people I serve.					
5. This training covered the topics that I was most interested in learning about.					
6. I can apply some of what I learned today directly to my work.					
7. The trainer was engaging and effective.					
8. The trainer was knowledgeable about the topics we covered today.					

9. I was the right person from my organization to attend today's training.					
10. I am more confident in my ability to help people save than I was before attending this session.					
11. I have gained knowledge in ways to help people save through attending this session.					

12. If you disagreed with any of the statements above, please explain. *Open-ended response.*

13. How confident are you in your ability to help others with the following topics related to saving?¹

	Very confident	Confident	Somewhat confident	Not confident
Topic 1 TBD				
Topic 2 TBD				
Topic 3 TBD				
Topic 4 TBD				
Topic 5 TBD				
Topic 6 TBD				
Topic 7 TBD				
Topic 8 TBD				

14. What is your biggest takeaway from this training? *(Please do not share any Personally Identifiable Information (PII), including, but not limited to, your name, address, phone number, email address, Social Security number, etc.)*

15. What did you like most about this training? *(Please do not share any Personally Identifiable Information (PII), including, but not limited to, your name, address, phone number, email address, Social Security number, etc.)*

¹ The topics that are listed in this question are TBD, based on TA plans that will be developed as part of the project. The number of topics that any one respondent can respond to will not be greater than 8.

16. How could this training be improved? *(Please do not share any Personally Identifiable Information (PII), including, but not limited to, your name, address, phone number, email address, Social Security number, etc.)*

17. Overall, how would you rate your satisfaction with this workshop/session?

Very satisfied	Somewhat satisfied	Neither satisfied or dissatisfied	Somewhat dissatisfied	Very dissatisfied

18. Was the format and content fully accessible to you? (Yes/No)

If no, please explain any technical difficulties or problems with access *(Please do not share any Personally Identifiable Information (PII), including, but not limited to, your name, address, phone number, email address, Social Security number, etc.)*

19. Would you recommend this workshop/session to someone else in your position? (Yes/No)

Thank you for your feedback!

Privacy Notice

The information you provide will be used to help CFPB understand your experiences in this information session and ensure that future information sessions meets participants' needs.

Your responses will be kept private. When survey results are reported, none of your answers will be connected directly to you.

Participation in this survey is voluntary.

Paperwork Reduction Act Notice

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 3170-024. It expires on 05/31/2022 The time required to complete this information collection is estimated to average approximately 6 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 the Consumer Financial Protection Bureau (Attention: PRA Office), 1700 G Street NW, Washington, DC 20552, or by email to PRA_Comments@cfpb.gov.