

Pre-Training Survey for Your Money, Your Goals

For completion by training participants at the beginning of a Your Money, Your Goals training.

Thank you for completing this survey. This information is being collected to help the Consumer Financial Protection Bureau evaluate the effectiveness of Your Money, Your Goals training. 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 do not submit personally identifiable information (PII) that is not requested. Please see the Privacy Notice and Paperwork Reduction Act statement on the last page of this survey.

1. What organization are you representing at today's training?

Organization

City & State

Zip Code

2. What organization is hosting today's training? This may be your own organization.

Organization

3. What is your email address? Your email address will be used to link the pre- and post-training surveys you complete together and send you a follow-up survey. When the survey results are reported, none of your responses will be directly connected to you.

Email address

4. How confident are you in your ability to help other people with the following topics?

	Not at all confident	A little confident	Somewhat confident	Very confident	Extremely confident
Budgeting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Building savings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing credit and debt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Goal setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asserting their rights when they have a problem with a financial product, service, or company	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Prior to today’s training, describe your familiarity with the Consumer Financial Protection Bureau’s role and resources:

- Not familiar
- Somewhat familiar
- Familiar
- Very familiar

6. Have you or someone you know ever submitted a complaint to the Consumer Financial Protection Bureau about a financial product or service? Check all that apply.

- Yes, I have submitted a complaint.
- Yes, someone I know has submitted a complaint.
- Yes, I have helped someone or referred someone to submit a complaint.
- None of the above.

7. Did you know that you could submit a complaint to the Consumer Financial Protection Bureau?

- Yes
- No

8. Prior to today’s training, have you ever looked at any Your Money, Your Goals materials or the program’s website?

- Yes
- No

9. Are you here to learn how to use Your Money, Your Goals directly with the people you serve?

- Yes
- No

You are now finished with the survey.

10. In a typical week, how many people do you serve in the following settings:

	None	1-5	6-15	16-25	26-50	51 or more
One-on-one appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group workshops or classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. In the past month, have you discussed or shared materials related to money management with people in the following settings?

- | | Yes | No | Not Sure |
|-------------------------------|--|-----------------------|-----------------------|
| a. One-on-one appointments | <input type="radio"/> → How many? <input type="text"/> | <input type="radio"/> | <input type="radio"/> |
| b. Group workshops or classes | <input type="radio"/> → How many? <input type="text"/> | <input type="radio"/> | <input type="radio"/> |

12. For each statement below, please indicate how much you agree or disagree.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I do not have time to talk about finances during client interactions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am comfortable talking about finances with clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. How confident are you in your ability to . . .

	Not at all confident	A little confident	Somewhat confident	Very confident	Extremely confident
Talk about core financial management topics with the people you serve?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Identify high quality financial information and resources to share when the people you serve have questions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Incorporate financial topics into conversations with the people you serve?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Help someone understand their rights as a consumer in the financial marketplace and spot possible violations of those rights?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Privacy Act Statement**5 U.S.C. 552a(e)(3)**

Information you provide in response to this survey will help the survey sponsor, the Consumer Financial Protection Bureau (CFPB), evaluate the effectiveness of Your Money, Your Goals training.

The survey facilitator may collect personally identifiable information (PII) such as your email address to facilitate survey administration. The answers or comments you provide will not be tied to you individually. The CFPB will only obtain and access de-identified results and aggregated analyses of those results.

Information collected will be treated in accordance with the System of Records Notice (SORN), [CFPB.021 – CFPB Consumer Education and Engagement Records](#). Although the CFPB 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 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.

Completing this survey 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 3170-0067. It expires on XX/XX/XXXX. The time required to complete this information collection is estimated to average approximately 5 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 CFPB_PRA@cfpb.gov.