

Post-Training Survey for Your Money, Your Goals

For completion by training participants following 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 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

- 2. Did your trainer cover these Your Money, Your Goals materials during your training?**

	Yes	No	Not sure
Financial empowerment toolkit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behind on bills? Start with one step	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Want credit to work for you? Start with these steps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Debt getting in your way? Get a handle on it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Building your savings? Start with small goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Focus on Reentry: Criminal Justice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Focus on People with Disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Focus on Native Communities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Focus on Military Communities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 3. Describe your familiarity with the Consumer Financial Protection Bureau's role and resources:**

- Not familiar
- Somewhat familiar
- Familiar
- Very familiar

- 4. If you have a problem with a financial product or service, how likely are you to submit a complaint to the Consumer Financial Protection Bureau?**

- Not likely at all
- Somewhat likely
- Likely
- Very likely

5. If a client or someone you know has a problem with a financial product or service, how likely are you to refer them to the Consumer Financial Protection Bureau to submit a complaint?

- Not likely at all
- Somewhat likely
- Likely
- Very likely

6. 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"/>

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

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Your Money, Your Goals is a good fit for my organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The training covered the financial topics that come up most often for the people I serve.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The trainer was engaging and effective.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The trainer was knowledgeable about the topics we covered today.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Did you ~~attend~~ today's training to learn how to use Your Money, Your Goals directly with the people you serve?

Yes

No

Go to question 1

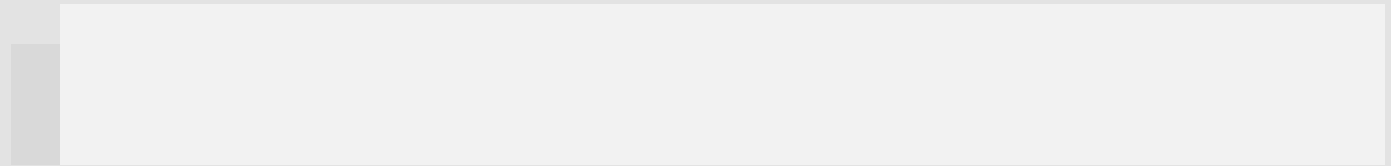
9. How confident are you in your ability to . . .

	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"/>
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"/>
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"/>
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"/>

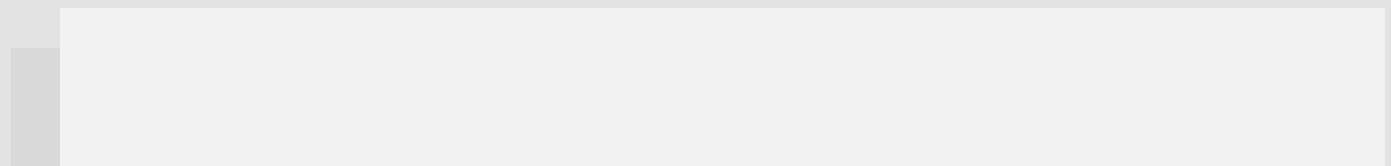
10. For each statement below, please indicate how much you agree or disagree.

	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 feel comfortable talking about finances with clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your Money, Your Goals materials are a good fit for the people I serve.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your Money, Your Goals will improve my ability to meet the needs of the people I serve.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I plan to use Your Money, Your Goals materials with the people I serve.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. What aspects of the training could be improved? (Please do not include personally identifiable information in your response.)



12. Do you have additional questions or ideas that were not addressed at today's training? (Please do not include personally identifiable information in your response.)



Privacy Act Statement

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 10 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.