

# Pre-Training Survey for Your Money, Your Goals

For completion by training participants at the beginning of a Your Money, Your Goals training. Return this survey to your trainer.

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 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
a. Budgeting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Saving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Managing credit and debt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Setting goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. 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, have you ever looked at any Your Money, Your Goals materials or the program’s website?**

- Yes
- No

**6. Are you here to learn how to train frontline staff or volunteers to use Your Money, Your Goals with the people they serve?**

- Yes
- No → **Go to question 10**

**7. In the past year, how many trainings on any topic have you led for frontline staff or volunteers who work for your organization or others in your community?**

- None
- 1-2
- 3-4
- 5-10
- 11 or more

**8. In the past year, have you trained frontline staff or volunteers about how to talk about money with the people they serve?**

- Yes
- No

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

	<b>Not at all confident</b>	<b>A little confident</b>	<b>Somewhat confident</b>	<b>Very confident</b>	<b>Extremely confident</b>
<b>a.</b> Train staff members or volunteers about how to talk about money with the people they serve?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>b.</b> Identify high quality financial information and resources to share with staff members and volunteers you train?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>c.</b> Explain why financial management is important for staff and volunteers to bring up with the people they serve?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**10. 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.

**11. 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
a. One-on-one appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Group workshops or classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**12. 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"/>

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

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. 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"/>
b. I am comfortable talking about finances with clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**14. How confident are you in your ability to . . .**

	Not at all confident	A little confident	Somewhat confident	Very confident	Extremely confident
a. 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"/>

**15. Today's date**

mm/dd/yyyy

## **Privacy Act Statement**

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

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](#). The Bureau will not obtain or access any answers or comments you provide will not be tied to you individually. The agency will only obtain and access de-identified results and aggregated analyses of those results. Any directly identifying information will only be used by ICF International (the survey facilitator) and partner organizations to facilitate distribution and collection of surveys and survey responses. Survey responses will not be shared 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.

Your participation 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 [PRA\\_Comments@cfpb.gov](mailto:PRA_Comments@cfpb.gov).