

1Appendix E: Activity Report for Approved Providers
(Application for Approval as a Provider of a Personal Financial Management Instructional Course)

Questions? Contact Executive Office for United States Trustees at (202) 514-4100, or ust.de.help@usdoj.gov.

Reporting Period: (Check one) ☐ July-December ☐ January-June **Year:** _____

Provider No:

Name of Provider:

E-Mail:

Contact Person: _____
Someone who could answer USTP questions

Instructions: Please provide actual (not estimated) data for all debtors instructed by the Provider this reporting period. No cell should be left blank. If none, enter "0" in the cell.

Debtors Receiving Instruction this Reporting Period

Q1	Number of debtors receiving instruction this reporting period	
Q2	Number of debtors requesting instruction in language other than English*	
Q3	Number of debtors provided instruction in language other than English*	
Q4	Number of hearing-impaired debtors requesting instruction	
Q5	Number of hearing-impaired debtors provided instruction	

* Specify languages on next page

Instructions: Please provide actual (not estimated) data for all fees and bankruptcy certificates issued by the Provider this reporting period. No cell should be left blank. If none, please enter "0" in the cell.

Debtor Education Certificates Issued this Reporting Period

	Instructional Method			Q9 Total Fees or Contributions
	a In-Person	b Telephone	c Internet	
Q6 Certificates issued at no cost				► a ► b (Q9a+Q9b)
Q7 Certificates issued at reduced cost				
Q8 Certificates issued at regular cost				
Total				
	(Q6a+Q7a+Q8a)	(Q6b+Q7b+Q8b)	(Q6c+Q7c+Q8c)	

Course Evaluation Summary:

For courses conducted during	In-Person		Telephone		Internet	
Probationary or Annual Period	%Yes	%No	%Yes	%No	%Yes	%No
COURSE						
Goals were explained clearly.						
Course topics were relevant to my life.						
Learning materials were helpful.						
Course content was easy to understand.						
INSTRUCTOR						
Instructor was well prepared.						
Instructor was helpful.						
COURSE ENVIRONMENT						
Training facility was comfortable.						
Facility location was convenient.						
COURSE RESULTS						
I learned something I can use.						
I will use a budget at home.						

Languages Requested other than English*

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

* If more than ten, please attach a list of additional languages requested.

Languages Provided other than English*

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

* If more than ten, please attach a list of additional languages provided.

