Love Your Money.org Evaluation

Please provide some feedback about your experience with this class. Your responses will be used to assist us in making improvements in the design of this class. Place an X in the box to indicate your response.

	Very little	Somewhat	Very much
To what extent was this class helpful to you	_____	_____	_____
As a result of participating in this class,			
1. I increased my knowledge of			
a. how to measure financial health	_____	_____	_____
b. how to spend less and save more	_____	_____	_____
c. how debt keeps me from building wealth	_____	_____	_____
d. how to track the money I spend	_____	_____	_____
e. why I need an emergency fund	_____	_____	_____
f. how to participate in my 401(k)	_____	_____	_____
g. how to recognize financial fraud	_____	_____	_____
2. I increased my awareness of actions I can take to manage my money better.	_____	_____	_____
3. I increased my skill in recognizing what I do that causes money problems.	_____	_____	_____
4. I increased my ability to manage my Money so I am financially healthy.	_____	_____	_____
5. I can apply the information I learned to take actions to create positive financial health.	_____	_____	_____
6. Before participating in this class, my understanding of how to manage money to create financial health was	_____	_____	_____
7. After participating in this class, my understanding of how to manage money to create financial health was	_____	_____	_____

8. List one action you intend to take as a result of participating in this class:

9. The most important things I learned in LoveYourMoney.org were:

10. Is there a topic in which you would be interested in receiving further training?