

Financial Literacy Program

Exit and Post-assessment

Participant number: _____

1. What are the most important and useful things that you learned from this program?					
2. Feedback on what I learned:					
<i>Circle a number to show how much you agree or disagree ...</i>					
	I disagree a lot	I somewhat disagree	I am not sure	I agree	I agree a lot
Most of the information I heard was new to me	1	2	3	4	5
I understand the information that we discussed	1	2	3	4	5
I feel this program/activity will change how I manage my money	1	2	3	4	5
3. What other things would you like to learn about managing your money?					

4. How can we make this program better?	
5. Would you recommend this program to someone else?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
6. What additional financial literacy supports and services did you receive from staff? (Please check <u>all</u> that apply)	
<input type="checkbox"/> They referred me somewhere else for help <input type="checkbox"/> They helped me file my taxes <input type="checkbox"/> They helped me fill out government applications and forms (e.g. a Social Insurance Number application) <input type="checkbox"/> They made phone calls for me	<input type="checkbox"/> They connected me to a bank <input type="checkbox"/> They advocated for me and/or helped me advocate for myself <input type="checkbox"/> They helped me to get a loan <input type="checkbox"/> Other Please specify _____

THINKING ABOUT MONEY ...

7. Tell us how you feel now about managing your money...					
Circle a number to show how often you agree with the following:	Never	Rarely	Sometimes	Usually	Always
	I feel confident managing my money	1	2	3	4
I worry about how much debt I have	1	2	3	4	5
I feel comfortable getting help with my money (examples: finding resources online, seeing a credit counsellor, help with my taxes or talking to someone at the bank)	1	2	3	4	5
I worry about being able to pay my bills each month	1	2	3	4	5
I feel that I will improve my financial situation	1	2	3	4	5

8. What do you currently do to manage your money?					
<i>Please circle the number that best explains how often you do the following:</i>	Never	Rarely	Sometimes	Usually	Always
Pay my bills on time	1	2	3	4	5
Make sure that my spending isn't more than my income each month	1	2	3	4	5
Keep track of my spending and income	1	2	3	4	5
Save money	1	2	3	4	5
Compare prices when shopping	1	2	3	4	5
Pay my debt, when I owe money	1	2	3	4	5
Learn about money topics that might affect me	1	2	3	4	5
Get help with my money (examples: filing taxes, financial advisor, credit help, credit counseling or using online tools and resources)	1	2	3	4	5

9. Do you budget your money?

- Yes (go to question 10)
 No (go to question 11)

10a. If yes, how do you budget your money? (Please check one)

- I write out a budget
 I keep a budget in my head
 Other: please tell us _____

10b. If yes...how often do you follow your budget?

Please circle the number that best explains how often you do the following:

	Never	Rarely	Sometimes	Usually	Always
I follow my budget	1	2	3	4	5

11. If no... why don't you budget your money? (Please check the one that best applies)

- I don't know how
 I don't believe in budgeting
 I did it before and it didn't work
 It is just not that important to me right now
 Other: please tell us _____

12. Do you have a goal for saving money?

- Yes
 No

13. If yes, what are you planning to save for? (Please check <u>all</u> that apply)	
<input type="checkbox"/> My education <input type="checkbox"/> My child's education <input type="checkbox"/> First and last month's rent <input type="checkbox"/> Paying back money I owe <input type="checkbox"/> Something big – like a car or appliance <input type="checkbox"/> Paying back taxes owed	<input type="checkbox"/> A trip <input type="checkbox"/> An emergency <input type="checkbox"/> Home ownership <input type="checkbox"/> Retirement <input type="checkbox"/> To finance a business <input type="checkbox"/> Other Please tell us _____
14. Do you have any savings set aside?	
<input type="checkbox"/> Yes <input type="checkbox"/> No (go to question 16)	
15. Did you save and put aside any of your money in the past month? (Please check <u>one</u>)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Is there anything else that you have started doing to manage your money during this program?	
17. Have you filed your income tax forms with help from this program?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

We're interested in knowing what you think!

Please sign up below if you are interested in filling out a short survey in a few months from now.

Your ideas will help us continue to improve the way we deliver financial education.

May we contact you in six months to a year to find out what you think about this program?
<input type="checkbox"/> Yes <input type="checkbox"/> No

Thank you!