# Financial Literacy Program

## Program Documentation (Summary Sheet)

*(To be completed by the staff who deliver your financial literacy program)*

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| Organization Name |  | | | |
| Program Name |  |  |  |  |
| Staff Contact Name |  |  | Email |  |
| Course Date(s)      Formationformationrmationformation | From: (dd/mm/yr) | | | To: (dd/mm/yr) |

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| **Forms collected** | **# of forms collected** |
| ❒ Consent and Release |  |
| ❒ Intake |  |
| ❒ Demographics and Pre-assessment |  |
| ❒ Exit and Post-assessment |  |
| * Workshop Evaluation (satisfaction survey) |  |

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| **How did you deliver this program?** (Please checkall that apply) | |
| * One-on-one support and information for participants * Group-based workshop(s) * Income tax clinic | * Self-directed and/or distance learning (computer- or Internet-based) * Other Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Was the financial literacy programming *embedded* into another activity, program or service?** | |
| |  | | --- | | ❒ Yes ❒ No If yes, what was the activity, program or service? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **What supports to participation did you offer?** | |
| * Child minding services * Ticket/tokens for public transit * Translation/interpretation services * Snacks/food | * Adapted program hours * Special program location * Other Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Did you deliver financial literacy programming in partnership with others?** |
| |  | | --- | | ❒ Yes ❒ No If yes, who were your partners? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **Training statistics** |
| |  |  | | --- | --- | | Total number of **workshops/activities** delivered |  | | Number of different staff delivering the course |  | | Total delivery **hours** |  | | Number of participants **enrolled** in the course |  | | Number of participants **completing** the course |  | | *(Those who completed at least 70% of all sessions)* |  | | Other? Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | |  |  | |
| **What did you like about the program design and/or curriculum?** |
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| **Was the delivery process/schedule for this course altered in any way from the normal or prescribed approach? Please elaborate. (E.g. shortened schedule, re-sequencing of activities, turnover in delivery staff part way through course, etc.)** |
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| **Record of curriculum used** | | | |
| *(Note: insert your program outline here)* | I used this module | I did not use this module | Comments/Notes: What kinds of changes did you make to the curriculum? (e.g., challenges for a specific client group; language usage; workshop design) |
| Exploring your relationship with finances | ❒ | ❒ |  |
| Budgeting – developing a money action plan | ❒ | ❒ |  |
| Savings | ❒ | ❒ |  |
| Banking | ❒ | ❒ |  |
| The educated consumer | ❒ | ❒ |  |
| Credit and credit cards | ❒ | ❒ |  |
| Debt and financial woes | ❒ | ❒ |  |
| Exploring credit bureaus, ratings, scores and reports | ❒ | ❒ |  |
| Investing basics | ❒ | ❒ |  |

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| **In future programs, what would you change about the program design and/or curriculum?** |
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**Questions for one-on-one/coaching programs:**

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| **Coaching statistics (Quarterly)** |
| |  |  | | --- | --- | | Total number of staff offering one-on-one FL coaching |  | | Total staff hours spent in delivery of coaching this quarter |  | | Number of new coaching participants this quarter |  | | Number of repeat coaching participants this quarter |  | | Total number of distinct coaching participants this calendar year  *(to date)* |  | |
| **What do you think is going well with your financial literacy coaching?** |
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| **What would you like to change about your financial literacy coaching work?** |
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| **Matched Savings Program Stats** (e.g. IDAs, Saving Circles, ILAs, etc.) **(Quarterly)**  **To be completed in conjunction with FL training statistics (above)** |
| |  |  | | --- | --- | | Number of participants enrolled in the overall program (this period) |  | | Number of program graduates (this period) |  | | Number of participants who opened savings accounts (this period) |  | | Total number of graduates to date |  | | Average target ($) for savings |  | | Total participants’ savings to date |  | | Match funds released for asset purchase |  | | Average length of time to achieve savings target |  | |

**Questions for all programs:**

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| **Priorities for action: What external factors or trends are holding participants back and contributing to participants’ money problems and financial exclusion? What key financial literacy issues have your participants encountered this period? E.g. government and/or private sector policies, regulations, procedures etc. (please explain using examples from your work)** |
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| **Going forward, what kind of support do you need to deliver this financial literacy program?** |
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| **Staff reporting of immediate outcomes that have resulted from your financial literacy activity (this period)** |
| |  |  | | --- | --- | | # Participants completing and filing their taxes |  | | # Participants receiving tax refunds |  | | Value of those tax refunds this period |  | | # Participants applying for and receiving ID |  | | # Participants opening an RESP |  | | # Participants accessing a CESG |  | | # Participants accessing social assistance (welfare, public disability, CPP etc.) |  | | # Participants opening a bank account |  | | Other? Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  # Participants |  | |
| **Please share your stories about results… Please note any specific changes of behaviour and/or attitudes that you observed in your participants over the course of your work with them (e.g., getting credit report; increased savings; creating a personal budget).** |
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Thank You!