# Financial Literacy Program

## Exit and Post-assessment

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| Participant number: |  |

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| **1. What are the most important and useful things that you learned from this program?** |
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| **2. Feedback on what I learned:** |
| *Circle a number to show how much you agree or disagree …* | 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?** |
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| **6. What additional financial literacy supports and services did you receive from staff?**(Please check all that apply) |
| * They referred me somewhere else for help
* They helped me file my taxes
* They helped me fill out government applications and forms (e.g. a Social Insurance Number application)
* The made phone calls for me
 | * They connected me to a bank
* They advocated for me and/or helped me advocate for myself
* They helped me to get a loan
* Other

 Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **4. How can we make this program better?** |
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| **5. Would you recommend this program to someone else?** |
| * Yes
* No
* Unsure
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**THINKING ABOUT MONEY …**

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| **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 | 5 |
| 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 |

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| **8. What do you currently do to manage your money?**  |
| *Please circle the number that best explains how often you do the following:* | 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 |

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| **9. Do you budget your money?**  |
| * Yes (go to question 10)
* No (go to question 11)
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| **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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|  **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| **12. Do you have a goal for saving money?**  |
| * Yes
* No
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| **13. If yes, what are you planning to save for?** (Please check all that apply) |
| * My education
* My child’s education
* First and last month’s rent
* Paying back money I owe
* Something big – like a car or appliance
* Paying back taxes owed
 | * A trip
* An emergency
* Home ownership
* Retirement
* To finance a business
* Other

 Please tell us \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **14. Do you have any savings set aside?**  |
| * Yes
* No (go to question 16)
 |
| **15. Did you save and put aside any of your money in the past month?** (Please check one) |
| * Yes
* No
 |
| **16. Is there anything else that you have started doing to manage your money during this program?** |
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| **17. Have you filed your income tax forms with help from this program?**  |
| * Yes
* No
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**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.

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| **May we contact you in six months to a year to find out what you think about this program?** |
| * Yes
* No
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Thank you!