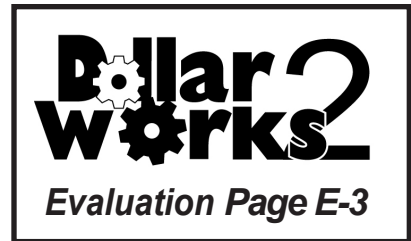


# Tell Us What You Think...

## End-of-Series Evaluation



Instructor's First Initial	Instructor's Last Initial	Your First Initial	Easy-to-Remember 4-Digit Code	Zip Code

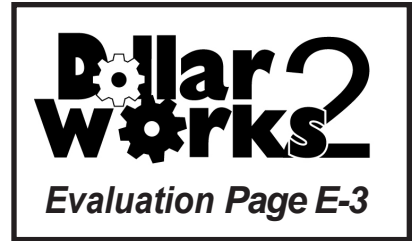
We are interested in your thoughts and feelings about your participation in the Dollar Works 2 series. Please complete the following statements.

1. The most important things I learned in this series were:
  
2. Given what I learned, what are the chances I will: (Mark your response with an "X".)

Unit		Very Unlikely	Unlikely	Not Sure	Likely	Very Likely
2	Set money goals.					
2	Use decision-making steps to make money decisions.					
2	Spend money on needs before wants.					
3	Make a plan for spending.					
3	Track my spending.					
4	Choose a way to manage my money.					
4	Pay all bills on time each month.					
5	Start or keep an emergency fund.					
5	Not use emergency savings for everyday expenses.					
6	Read my pay statement.					
6	File tax forms at no or low cost.					
7	Select a bank or credit union for my money.					
7	Balance my checkbook.					
8	Track my credit use each month.					
8	Review my credit reports.					
8	Choose lower cost credit.					
9	Set a debt reduction goal.					
9	Pay at least the minimum on all my debts.					
9	Set up a debt repayment plan.					
10	Review the types of insurance I have.					
10	Figure out how much money I can spend on insurance.					
11	Keep my personal information in a safe place.					
11	Use reliable consumer information.					
11	Know what to do if I am a victim of consumer fraud.					
12	Teach my children money skills.					

# Tell Us What You Think...

## End-of-Series Evaluation



3. Given what I learned, I can now: (Mark your response with an "X.")

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
Talk calmly about money with my family and others.					
Keep a balance between income and expenses.					
Manage a spending plan.					
Put money in savings each month.					
Make informed decisions about paycheck deductions.					
Manage my bank or credit union account.					
Figure out how much credit I can afford.					
Figure out how much I owe on my debts.					
Make an informed decision about the insurance I need.					
Protect my personal information.					
Use activities to help my children learn about money.					

4. I would also like to learn:

5. Overall, this program series was: (Mark one response with an "X.")

Poor	Okay	Not Sure	Good	Excellent

6. Other comments:

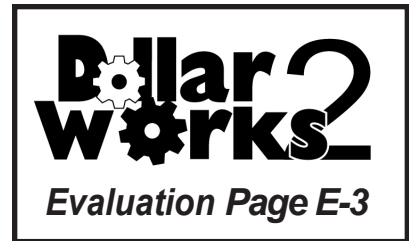
Think about your family's financial situation and answer the following questions.

7. How satisfied are you with your current financial situation? (Mark one response with an "X.")

Very Dissatisfied	Somewhat Dissatisfied	Neither	Somewhat Satisfied	Very Satisfied

# Tell Us What You Think...

## End-of-Series Evaluation



8. Thinking realistically about your situation, how likely will you be able to improve your financial situation in the near future? (Mark one response with an "X.")

Very Unlikely	Somewhat Unlikely	Not Sure	Somewhat Likely	Very Likely

9. What is the greatest barrier to your achieving a sound financial situation?

Please tell us about yourself.			
<b>My age is:</b> <input type="checkbox"/> Under 18 <input type="checkbox"/> 19-35 years <input type="checkbox"/> 35-54 years <input type="checkbox"/> 55 + years	<b>I am:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>I describe myself as:</b> <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other _____	<b>Household income:</b> <input type="checkbox"/> Under \$24,999 <input type="checkbox"/> \$25,000 - \$49,999 <input type="checkbox"/> \$50,000 and over
<b>I live in:</b>  _____ (County)  _____ (Zip Code)		<b>How many live in your household?</b>  Adults: _____  Children: _____	

**Thank you!**