

Financial Coaching Participant Survey

Thank you for completing this survey. Doing so is voluntary. Your answers have no effect on any services or treatment you are currently receiving. If you completed both surveys for this program, you will have two chances to win a \$100 gift cash card.

1. Do you have a checking or savings account? No Only Savings Only Checking Both
2. How often did you use a check cashing outlet in the last 6 weeks?
 Never 1 time 2 times 3 times 4 times 5 times 6 times or more
3. Do you have a retirement savings/investment account? Yes No Not Sure
4. Have you ever ordered your credit report? Yes No
5. Which best describes you
 I don't have a credit card
 I have a credit card and always pay off the balance
 I have a credit card and usually pay off some of the balance
 I have a credit card and usually pay only the minimum payment
6. In last 6 weeks, have you paid a late fee on any bill? Yes No
7. Do you track your monthly expenses? Yes No
8. Do you have a monthly written budget or spending plan?
 Yes – And I stick to it Yes - But do not stick to it No Not Sure
9. Do you have a financial plan to save for you or your family's future?
 Yes – And I follow it Yes - But do not follow it No Not Sure
10. How much do you agree with the following statements? In the last six weeks:
I am able to save money
 Agree a lot Agree a little Disagree a lot Disagree a little Don't know
I save regularly for long-term financial goals, such as education for children, house or retirement
 Agree a lot Agree a little Disagree a lot Disagree a little Don't know
I have at least three months expenses set aside in a reality accessible account
 Agree a lot Agree a little Disagree a lot Disagree a little Don't know
I feel in control of my finances
 Agree a lot Agree a little Disagree a lot Disagree a little Don't know
I am comfortable offering financial advice to others.
 Agree a lot Agree a little Disagree a lot Disagree a little Don't know

Program Evaluation:

What month did you start working with your coach at the Financial Coaching Institute?

- Oct '09 Nov '09 Dec '09 Jan '10 Feb '10 Mar '10

How many times did you meet with your coach during the course of the program?

- 1 2 3 4 5 6 7 or more

How did you and your coach work together during the course of the program? (Check all that apply.)

- Telephone Email In Person at FEC In Person at other locations

Please check the boxes of the Workshops you attended during the course of the program:

- January 2010: Starting Your Financial Plan in 2010**, with Deb Neubauer of the Financial Edu. Center

If you attended, did you find this workshop helpful, providing you with new ideas and inspiration to meet your goals? Please rate on a scale of 0 to 10, 0 being low and 10 being high.

- | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- February 2010: Understanding Credit in 2010**, with Ellen Bernards of Green Path Financial

If you attended, did you find this workshop helpful, providing you with new ideas and inspiration to meet your goals? Please rate on a scale of 0 to 10, 0 being low and 10 being high.

- | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- March 2010: Saving for A Goal**, with Amanda Wilson, UW Credit Union

If you attended, did you find this workshop helpful, providing you with new ideas and inspiration to meet your goals? Please rate on a scale of 0 to 10, 0 being low and 10 being high.

- | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

What was your main goal entering the program?

Were you successful in making progress toward one of your goals? Yes No Don't know

If you achieved some success, what part of the program best helped you meet that goal?

Do you have any feedback to help us improve when planning the next Financial Coaching Institute?

Please rate your overall experience in the Financial Coaching Institute, 0 being low and 10 being high.

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you like to participate in future Financial Coaching Institutes of other financial coaching programs?

Yes No Not Sure / Maybe

Coach Evaluation:

This survey is confidential and for administrative use only. Coaches will not see your responses.

Was your coach generally available and reliable? Yes No Sometimes

Is there anything you wish your coach would have done differently?

Please rate your coach's performance on a scale of 0 to 10, 0 being low and 10 being high.

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contact Information

Name: _____

Street: _____

City/State/Zip: _____

** Mailing address will be used for delivering winning gift.*