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?

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:

   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

[ ] 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

[ ] 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

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.

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.
Contact Information

Name: ________________________________________________

Street: ________________________________________________

City/State/Zip: ________________________________________________

* Mailing address will be used for delivering winning gift.