Pre-Training Survey for Your Money, Your Goals

For completion by training participants at the beginning of a Your Money, Your Goals training. Return this survey to your trainer.

Thank you for completing this survey. This information is being collected to help the Bureau of Consumer Financial Protection to track usage of the Your Money, Your Goals materials. Complete this survey providing short written responses and selecting from response options, as prompted by the survey questions. Please note that your responses will be kept private to the extent permitted by law and when survey results are reported none of your answers will be directly connected to you. Please see the Paperwork Reduction Act statement and Privacy Notice on the last page of this survey.

1) Which organization organized this delivery of Your Money, Your Goals?
_________________________________________________________________________________

2) Which of the Bureau of Consumer Financial Protection’s Your Money, Your Goals partners organized the larger training initiative of which this delivery is a part?
__________________________________________________________________________________

3) Before today, have you been trained to use Your Money, Your Goals?
☐ Yes ☐ No

4) Which Your Money, Your Goals materials did you use in your training?
☐ Financial empowerment toolkit ☐ Focus on People with Disabilities
☐ Focus on Native Communities ☐ Focus on Reentry
☐ Behind on bills?
☐ Debt getting in your way?
☐ Want credit to work for you?

5) How confident are you in your ability to...

<table>
<thead>
<tr>
<th></th>
<th>Very Confident</th>
<th>Confident</th>
<th>Somewhat Confident</th>
<th>Not at All Confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand core financial management topics, such as budgeting, saving, and setting financial goals?</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Discuss core financial management topics with the people you serve?</td>
<td>○</td>
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<tr>
<td>Assess individuals’ financial condition or situation?</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Get help if you or the people you serve clients have questions about financial issues?</td>
<td>○</td>
<td>○</td>
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<td>○</td>
</tr>
</tbody>
</table>
Very Confident | Confident | Somewhat Confident | Not at All Confident
---|---|---|---
Refer people to community resources such as credit-debt counseling and tax filing assistance? | O | O | O | O
Know where to go for unbiased information or help in working with the people you serve? | O | O | O | O
Help people manage their financial challenges? | O | O | O | O
Provide the right financial content at the right time in the context of your work with individuals? | O | O | O | O
Access and use tools and materials from the Bureau of Consumer Financial Protection through its consumer website? | O | O | O | O

**Privacy Notice**

Information you provide in response to this survey will help the survey sponsor the Bureau of Consumer Financial Protection (Bureau) evaluate the effectiveness of the *Your Money, Your Goals* toolkit, and to assess the scope of partner organizations’ use of the toolkit.

The Bureau will not obtain or access any information that directly identifies respondents, and any answers or comments you provide will not be tied to you individually. The agency will only obtain and access de-identified results and aggregated analyses of those results. Any directly identifying information will only be used by ICF International (survey facilitator) and partner organizations to facilitate distribution and collection of surveys and survey responses. Survey responses will not be shared and will be kept private except as required by law.

This collection of information is authorized by Pub. L. No. 111-203, Title X, Sections 1013 and 1022, codified at 12 U.S.C. §§ 5493 and 5512.

Your participation is voluntary, and you may withdraw participation at any time.

**Paperwork Reduction Act**

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The OMB control number for this collection is 3170-0067. It expires on 11/30/2019. The time required to complete this information collection is estimated to average approximately 5 minutes per response. Comments regarding this collection of information, including the estimated response time, suggestions for improving the usefulness of the information, or suggestions for reducing the burden to respond to this collection should be submitted to Bureau at the Bureau of Consumer Financial Protection (Attention: PRA Office), 1700 G Street NW, Washington, DC 20552, or by email to CFPB_PRA@cfpb.gov.