Financial Management Evaluation

Please read each statement and place a check mark (/) under:

Yes if you learned the information listed in each statement during this program

No if you did not learn the information listed in each statement during this program

Not Sure if you are not sure if you learned the information listed in each statement

Already Knew if you already knew the information listed in each statement before participating in this program

(Only put one check mark for each statement please)

| During | g the program, I LEARNED HOW TO: | | | | |
|--------|--|-----|----|-------------|-----------------|
| | | Yes | No | Not sure | Already knew |
| 1. | Develop a household budget | | | | |
| 2. | Develop a spending plan | | | | |
| 3. | Develop a savings plan | | | | |
| 4. | Keep track of spending | | | | |
| 5. | Write family financial goals | | | | |
| 6. | Develop a system for organizing family financial records | | | | |
| 7. | Prepare a net worth statement | | | | |
| 8. | Develop a household inventory | | | | |
| 9. | Write a will | | | | |
| 10. | Review my credit report | | | | |
| 11. | Review insurance policies to check value for coverage | | | | |
| 12. | Prepare a credit card safety record | | | | |
| 13. | Develop a system for paying bills | | | | |
| 14. | Develop a plan to reduce debt | | | | |
| 15. | Check on retirement benefits | | | | |
| 16. | Open a savings account | | | | |
| | During the program, I LEARNED TIPS FOR: | | | | |
| | | Yes | No | Not sure | Already knew |
| 17. | Reducing impulse spending | | | | |
| 18. | Improving my credit rating | | | | |
| 19. | Decreasing my outstanding debt | | | | |
| 20. | Comparing prices to get the most for my money | | | | |