
APPENDIX 5. Sample High School Questionnaire

School/ Location _____

Date _____

HIGH SCHOOL FINANCIAL EDUCATION – POST SESSION EVALUATION

[Name of Program]

Thank you for participating in this evaluation. Your answers will help us improve this program. Your participation is voluntary and confidential. Your responses will be combined with the responses of all other participants and you will not be individually identified on any report prepared. If you have questions, please contact (your name, title, affiliation and phone number or address – this will vary by location). A copy of the Human Subjects Protection Approval Form is on file in the UW-Extension Provost and Vice Chancellor’s Office, 432 N. Lake St., Madison, WI 53706. Completion of this evaluation implies your consent to participate. Thanks!

A. PROGRAM RATING

Please rate today’s activities, the teachers and the overall program by circling the appropriate number

| | Not helpful | Somewhat helpful | Helpful | Very helpful |
|--------------------|-------------|------------------|---------|--------------|
| 1. Activities | 1 | 2 | 3 | 4 |
| 2. Teachers | 1 | 2 | 3 | 4 |
| 3. Overall program | 1 | 2 | 3 | 4 |

B. KNOWLEDGE

Please circle ONE number for each item to indicate if this program helped you increase your knowledge or if you already knew this before participating in the program.

| | Increased my knowledge | I already knew this before the program |
|--|------------------------|--|
| 1. The difference between needs and wants. | 1 | 2 |
| 2. How to set goals in order to manage money better | 1 | 2 |
| 3. What a budget [spending plan] is | 1 | 2 |
| 4. The difference between a checking [debit] account and a credit card account | 1 | 2 |
| 5. Where my money goes | | |
| 6. How credit cards work | 1 | 2 |
| 7. The cost of buying on credit | 1 | 2 |
| 8. The different credit card options (auto loans, leasing and credit cards) | 1 | 2 |
| 9. The consequences of not paying credit card on time | 1 | 2 |
| 10. The interest, or the monthly finance charge, on credit card accounts. | 1 | 2 |
| 11. Why savings is important. | 1 | 2 |
| 12. How to save money | 1 | 2 |

| | | |
|---|---|---|
| 13. The relationship between career choice and income. | 1 | 2 |
| 14. What things cost and work time needed to pay for those things | 1 | 2 |
| 15. How much it costs to live | 1 | 2 |
| 16. What a paycheck must cover | 1 | 2 |
| 17. How much things costs (for example, the cost of childcare, clothes, housing, transportation) | 1 | 2 |
| 18. What paying bills feels like | 1 | 2 |
| 19. The purpose of insurance | 1 | 2 |
| 20. The financial obligations one has to the community | 1 | 2 |
| 21. The importance of keeping my personal identification information safe. | 1 | 2 |

Other questions

| | | |
|--|---|---|
| 1. The value of education beyond high school | 1 | 2 |
| 2. The difference between saving and investing | 1 | 2 |
| 3. The value of serving my community | 1 | 2 |

D. SKILLS

Please circle the number that best describes your abilities as a result of participating in this program

| My ability to... | Increased my skills | I already could do this |
|--|---------------------|-------------------------|
| 1. Create a personal budget [spending plan] | 1 | 2 |
| 2. Write a check correctly | 1 | 2 |
| 3. Balance a check book | 1 | 2 |
| 4. Keep track of spending and income | 1 | 2 |
| 5. Keep track of credit card use | 1 | 2 |
| 6. Keep track of savings | 1 | 2 |
| 7. Determine monthly financial needs | 1 | 2 |
| 8. Spend wisely – make good spending decisions | 1 | 2 |

Other questions:

| | | |
|----------------------------|---|---|
| Complete a job application | 1 | 2 |
| Be a safe internet user | 1 | 2 |

C. CONFIDENCE

To what extent did the program increase your confidence in the following ways? Circle ONE number for each item

| Increased my confidence to... | Not at all | Somewhat | A great deal |
|---|------------|----------|--------------|
| 1. Set goals to manage my money | 1 | 2 | 3 |
| 2. Manage my money in the 'real world' | 1 | 2 | 3 |
| 3. Be able to save to meet my needs/wants | 1 | 2 | 3 |
| 4. Make decisions that deal with money | 1 | 2 | 3 |

E. INTENTIONS

Please circle the number that best describes what you plan to do as a result of attending this program

| I plan to: | No | Maybe | Yes | I already do this |
|--|----|-------|-----|-------------------|
| 1. Use a budget [spending plan] | 1 | 2 | 3 | 4 |
| 2. Track my spending | 1 | 2 | 3 | 4 |
| 3. Adjust my spending to “make ends meet” | 1 | 2 | 3 | 4 |
| 4. Save money for my future | 1 | 2 | 3 | 4 |
| 5. Make sure I get value for my money – compare cost to quality [compare prices when I shop] | 1 | 2 | 3 | 4 |

Other Questions

| | | | | |
|--------------------------------|---|---|---|---|
| Serve my community in some way | 1 | 2 | 3 | 4 |
|--------------------------------|---|---|---|---|

Have you participated in this _____ [name of program] before

YES

NO

Possible open-ended questions:

What was the most *challenging* part of today?

What was the most *rewarding* part of today?

Do you think that this type of experience is a good way to learn about money management? Yes No Not Sure. Why or why not?

What, if anything, was different about this experience that helped you to learn about money management?

Has your view of life in the future changed as a result of attending [Program Name]

Yes No If YES, how?

Would you recommend this program to others? Yes No Why or why not?

What did you like most about this program?

What did you like least about this program?

How could this program be improved to be more useful to you?

How do you think participating in this program will help you in the future?

How could you have been better prepared for today’s experience?

What additional education (classes, units/topics) would be beneficial to prepare you for managing your own finances?

Any other comments or suggestions about this program?

Participant profile

In what grade are you enrolled? ____ 9th ____ 10th ____ 11th ____ 12th

Do you have a checking account? YES NO

Do you have a savings account? YES NO

Do you have a credit card? YES NO

What is your ethnicity?

African American/Black

Asian

Hispanic/Latino

Native American

White (non-Hispanic)

Multi-racial

Other

Thank you for completing this evaluation.

Your answers help us improve our programs

OPTIONAL: If you are willing to have us contact you for follow-up, please share your name/address/phone number:

Name: _____ Phone number _____

Address: _____