

**FINANCIAL FITNESS EDUCATION
CLASS EVALUATION**

DATE: _____ **LOCATION OF CLASS:** _____

COUNSELING AGENCY: _____

TRAINER NAME: _____

PLEASE COMPLETE BY RATING THE FOLLOWING ON A SCALE OF 1 TO 5 BY CIRCLING YOUR ANSWERS BELOW.

		Poor	Below Average	Average	Good	Excellent
1.	How would you rate your overall experience in taking the Financial Fitness class?	1	2	3	4	5
2.	How would you rate the preparedness and ability of the Instructor?	1	2	3	4	5
3.	How would you rate the information you received from the Instructor?	1	2	3	4	5
4.	How would you rate the organization and usefulness of the materials you received?	1	2	3	4	5

5. Do you feel that a three-hour class was: (*circle one*) **too long** **too short** **just right**

6. How did you pick the location of this class? _____

7. Do you feel the course provided you with enough information to allow you to be comfortable in completing your home buying experience or maintaining your home? (*circle one*) **Yes** **No**

8. Were you made aware of the availability of individual counseling sessions? (*circle one*) **Yes** **No**

9. Do you plan to make an appointment for individual counseling? (*circle one*) **Yes** **No**

10. Did you receive fair housing information? (*circle one*) **Yes** **No**

11. How did you hear about the Connecticut Housing Finance Authority (CHFA)? _____

12. What did you like best about the class? _____

13. What about the class needs improvement? _____

13. Other comments: _____

PLEASE RETURN CLASS EVALUATION TO THE TRAINER BEFORE LEAVING. THANK YOU