

Please take a few minutes to tell us about your experience with this activity. Your answers to the following questions will help us better meet your needs. Please do not write your name on this form so that your responses are anonymous. Thank you!

MARKING INSTRUCTIONS

CORRECT: ● INCORRECT: ☒ ☓ 🗑️ 🗑️

1. Overall, how satisfied are you with this activity?

- Not at all
 Slightly
 Somewhat
 Mostly
 Completely

2. How satisfied are you with the following parts of the activity?

	<u>Not at all</u>	<u>Slightly</u>	<u>Somewhat</u>	<u>Mostly</u>	<u>Completely</u>
a. Activity being <u>enjoyable</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. <u>Accuracy</u> of the information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Information being <u>easy</u> to understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. <u>Range</u> of topics covered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. <u>Timeliness</u> of information (being received <u>in time</u> to be useful)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Information being <u>helpful</u> in making good choices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. <u>Relevance</u> of the examples used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Instructor's <u>response to questions</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Instructor's <u>knowledge level</u> of subject matter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. What did you like most about this activity?

4. What did you like least about this activity?

5. Please list anything that you would have liked covered in more detail or wanted more information about.

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6. Do you plan to take any actions or make any changes because of what you learned from this activity?

- Yes No Not sure

7. Do you think that what you learned from this activity will help you make more money or reduce your expenses in any way in the future? Yes No Not sure

8. Would you recommend this activity to others? Yes No

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**Tell Us About You**

9. You are . . .       Female       Male

10. Your age?       12 or younger       13       14       15       16       17       18       19 or older

11. What grade are you in?       5th or lower       6th       7th       8th       9th       10th       11th       12th

12. Where do you live?

- Farm or ranch       Town or city between 10,000 and 250,000 persons  
 Rural area, not a farm / ranch       City over 250,000 persons  
 Town under 10,000

13. You are . . .

- African American (non-Hispanic)       Hispanic       White (non-Hispanic)  
 Asian American       Native American       Other

**THANK YOU!**