

Florida Financial Literacy Initiative
Made possible through the generous support of Wells Fargo

STUDENT SURVEY

1. **Are you: (Please check one)** Man Woman
2. **What language do you speak at home?** _____
3. **What is your age?**
- | | |
|--|--|
| <input type="checkbox"/> 18-24 year old | <input type="checkbox"/> 45-54 years old |
| <input type="checkbox"/> 25-34 years old | <input type="checkbox"/> 55-64 years old |
| <input type="checkbox"/> 35-44 years old | <input type="checkbox"/> 65 years or older |
4. **What is the highest level of education you completed? (Please check one)**
- | | |
|--|---|
| <input type="checkbox"/> Elementary School | <input type="checkbox"/> Middle School |
| <input type="checkbox"/> High School | <input type="checkbox"/> Associate's Degree (2 Yrs College) |
| <input type="checkbox"/> Bachelor's Degree (4 Yrs College) | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Doctoral/Professional Degree | <input type="checkbox"/> Other: _____ |
5. **Have you shared the information you learned with friends and/or family?** Yes No
6. **Would you recommend this program to someone else?** Yes No
7. **Please rate how helpful you found *Hands on Banking* or other educational materials used in your class.**
- | | | | | |
|--------------|------------------|---------|-------------|-------------------------|
| Very helpful | Somewhat helpful | Neutral | Not helpful | Not very helpful at all |
|--------------|------------------|---------|-------------|-------------------------|
8. **Since starting this class ...** (circle yes or no for each option)
- | | | |
|---|-----|----|
| I have learned the benefits of having a checking and savings account | Yes | no |
| I have established a checking account, savings account OR investment account | Yes | no |
| I have checked my credit report through annualcreditreport.com | Yes | no |
| I have developed a savings, spending plan, or budget | Yes | no |
| I better understand how to avoid losing money to scams, fraud or identity theft | Yes | no |
| I feel I can manage my finances better | Yes | no |
9. **Has the financial information you learned in this class helped you in your everyday life?** Yes No
- If yes, how?** _____
- _____
10. **What is one thing that you learned that is important to you?**
- _____
- _____
11. **What was the most helpful topic covered in your financial literacy classes? (circle your choice)**
- | | | | | |
|-------------|-------|-------------------------------|-------------|---------------------------|
| Credit | Loans | Avoiding Fraud/Identity Theft | Home Buying | Savings/Checking Accounts |
| Other _____ | | | | |
12. **Is there anything that you would change about the program?**
- _____
- _____