Course Evaluation Form

Contact Information

**First & Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First & Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing Address**:

**City / State / ZIP**:

**Email (s):**

**Home Phone Number**: **Mobile Phone Number**:

**Instructor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred Method of Contact**: HOME PHONE MOBILE PHONE EMAIL

**Class Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Course Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your attendance entitles you to a coaching strategy session through your local AFEA Chapter.**

□ Yes, I would like to take advantage of the **free** Strategy Session.

□ Yes, I would like to receive the link to the **free** AFEA Student Dashboard.

# Please rate this course using the scale with ‘A’ being the highest and ‘F’ the lowest.

#  Comments:

1. Class registration was easy and convenient…………. **A B C D F \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. Class location was easy to access………….………… **A B C D F \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. Course materials were high-quality………………..….. **A B C D F \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. The instructor was knowledgeable about the course…. **A B C D F \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. The information was applicable to me………………… **A B C D F \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
6. Did you learn new and useful information?................. **YES NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
7. Have you attended similar workshops before?............**YES NO** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
8. Did the course meet or exceed your expectations?.....**YES NO** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
9. Would you recommend this course?............................**YES NO** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you know a business, church, or other organization that would benefit from a financial education workshop? If yes,**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Organization/ Church/ Business Name Location

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Contact Name Phone Number Email

**Additional Feedback**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Strategy Session Calendar

Contact Information

**Class Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First & Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Spouse’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Your attendance entitles you to a coaching strategy session with your AFEA Instructor.

* Please CIRCLE your top THREE choices below for your individual Coaching Strategy Session.
* You will receive a confirmation along with your homework before the end of the class.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** |
| ***July 31st*** | ***August 1st*** | ***August 2nd***  | ***August 3rd***  | ***August 4th***  |
| 3:00 | 10:303:00 | 10:303:00 | 3:005:00/6:00 | SCHEDULE FULL |
| ***August 7th***  | ***August 8th***  | ***August 9th***  | ***August 10th***  | ***August 11th*** |
| 10:301:003:00 | 10:301:003:005:00/6:00 | 10:301:003:00 | 10:301:003:005:00/6:00 | SCHEDULE FULL |
| ***August 14th*** | ***August 15th*** | ***August 16th***  | ***August 17th***  | ***August 18th***  |
| 10:301:003:00 | 1:003:00 | 10:301:003:00 | 10:0012:003:005:00/6:00 | SCHEDULE FULL  |
| ***August 19th*** | ***August 15th*** | ***August 16th*** | ***August 17th*** | ***August 18th*** |
|  |  |  |  |  |

Special Requests: