

# 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.**

- |  | A   | B  | C | D | F | 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
<b>July 31<sup>st</sup></b>	<b>August 1<sup>st</sup></b>	<b>August 2<sup>nd</sup></b>	<b>August 3<sup>d</sup></b>	<b>August 4<sup>th</sup></b>
3:00	10:30 3:00	10:30 3:00	3:00 5:00/6:00	SCHEDULE FULL
<b>August 7<sup>th</sup></b>	<b>August 8<sup>th</sup></b>	<b>August 9<sup>th</sup></b>	<b>August 10<sup>th</sup></b>	<b>August 11<sup>th</sup></b>
10:30 1:00 3:00	10:30 1:00 3:00 5:00/6:00	10:30 1:00 3:00	10:30 1:00 3:00 5:00/6:00	SCHEDULE FULL
<b>August 14<sup>th</sup></b>	<b>August 15<sup>th</sup></b>	<b>August 16<sup>th</sup></b>	<b>August 17<sup>th</sup></b>	<b>August 18<sup>th</sup></b>
10:30 1:00 3:00	1:00 3:00	10:30 1:00 3:00	10:00 12:00 3:00 5:00/6:00	SCHEDULE FULL
<b>August 19<sup>th</sup></b>	<b>August 15<sup>th</sup></b>	<b>August 16<sup>th</sup></b>	<b>August 17<sup>th</sup></b>	<b>August 18<sup>th</sup></b>

Special Requests: