

**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?**
- \_\_\_\_\_
- \_\_\_\_\_