



Student Financial Aid  
Information Centre

## Money Management Seminar Post-Session Survey

Name: \_\_\_\_\_

### 1. Did we meet your expectations?

☐ Not at all

☐ A little

☐ Mostly

Please list any expectations not met:

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### 2. What did you find most useful?

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### 3. What changes do you plan to make as a result of this session?

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### 4. Do you feel more confident in your ability to manage your finances?

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### 5. What changes would you recommend we make to improve this session?

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### 6. Can we contact you in a few weeks via email to do a follow-up survey and see how things are going?

☐ No

☐ Yes

Email address: \_\_\_\_\_

Thank you for your assistance. All information provided will be used anonymously.