

UNM Financial Wellness Workshop - Participant Feedback

Workshop Title: _____ Facilitator: _____

	Excellent ☺					Poor ☹
	5	4	3	2	1	
Effectiveness						
<i>This workshop was:</i>						
1. helpful in enhancing my skills and/or knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. an appropriate length of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Applicability	5	4	3	2	1	
<i>Overall this workshop provided me with:</i>						
1. new ideas/concepts that will be useful for my financial needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. new tools that can be implemented as part of an action plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Facilitator demonstrated:	5	4	3	2	1	
1. knowledge and expertise in the topic(s) presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. effective communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. organization and professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. interest in the participants and their needs/questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. ability to motivate me to plan for and take action(s) in future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Overall, will this workshop help to improve your financial wellness?

What aspects of this session were most valuable for you? What action(s) do you plan to take, if any?

What other financial workshops and resources would help you to make progress on your goals?

- | | | |
|---|--|---|
| <input type="checkbox"/> Estate Planning | <input type="checkbox"/> Life and Disability Insurance | <input type="checkbox"/> Retirement Planning |
| <input type="checkbox"/> Financial Tips for Couples | <input type="checkbox"/> Long Term Care Insurance | <input type="checkbox"/> Income in Retirement |
| <input type="checkbox"/> Financial Planning – On Your Own | <input type="checkbox"/> Millennials Focus | <input type="checkbox"/> Saving for College |
| <input type="checkbox"/> Caring for Aging Loved Ones | <input type="checkbox"/> Mid-Career Checkup | <input type="checkbox"/> Tax Strategies |
| <input type="checkbox"/> Investing Basics | <input type="checkbox"/> Portfolio Review | <input type="checkbox"/> _____ |

Additional comments / suggestions to enhance this or future UNM financial wellness program offerings:

Tear Off - Top Portion is anonymous feedback for UNM Human Resources (or, fax to 505-277-2373, Attn: Cherie Knight)

Bottom Portion is for Workshop Facilitator (if completed), and will not be shared with UNM (or call/email the Facilitator)

Yes, please contact me to discuss my questions and needs or to schedule a one-on-one consultation.

UNM Participant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

I prefer to be contacted: By Phone at _____
 By Text Message at _____
 By Email at _____

Best Day(s) to Contact Me: M T W R F Sa Su

Best Time(s) to Contact Me: _____

I would like to discuss _____