

Teaching Children About Money Evaluation Form

Workshop Location:

Date:

First Name

Surname

Please answer the questions below having attended the workshop/s.

Since taking part in the workshops, do you agree or disagree with the following statements?

	<i>Strongly agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly disagree</i>
1. I feel more confident teaching my children about money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I find it easier to say no to my child (or children) when they ask me to buy them things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am doing or plan to do new or different things to teach my child(ren) about money at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please tell us what you are doing / plan to do				
4. We now talk more about money as a family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel more confident talking to my child(ren) about money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. We now have better conversations as a family about money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My child(or children) is now more aware of pressures they face from their peers or other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My child(ren) better understand the decisions to be made around money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Has taking part in the group had any impact on how connected you feel to other parents / the school or centre / the wider community? Yes No

If yes, please tell us more about this:

13. What do you feel has been the biggest change for you since coming to the Made of Money workshops?

Please Turn Over



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14. How would you rate the workshops and support overall? (please circle)

Very good

Good

Satisfactory

Bad

Very bad

15. Is there anything you wish we had covered in the workshop, or done differently?

Please tell us more about this:

16. Is there anything around money that you would like some help with or to talk to us about? (if we can't help we are happy to try to find someone who can!)

Yes No

If yes, please give us a bit of information

Thank you for taking the time to fill this out!