

# Pirate Loot - Student Evaluation

Class Location: \_\_\_\_\_

Date: \_\_\_\_\_

1) On a scale of 1 to 10, please rate how much you enjoyed this program.

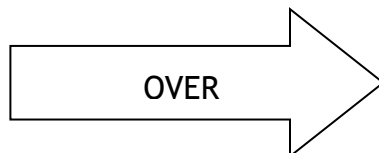
Not at all Loved it  
 1    2    3    4    5    6    7    8    9    10

2) What would you change about this program?

3) Directions: On the left, please place a check in the column that best describes you *before* playing this game. On the right, please place a check in the column that best describes you *after* playing this game.

Before the class				After the class		
Disagree	Not sure	Agree	<b>My Knowledge</b>	Disagree	Not sure	Agree
			I know how important it is to start saving early.			
			I know that I should save more when I'm young so I don't get used to spending everything I earn. (avoid premature affluence)			
			I know that getting my parents involved in my savings decisions can be a big help.			
			I know that financial emergencies are a part of life, and I need to be prepared to handle them.			
Disagree	Not sure	Agree	<b>My behaviors</b>	Disagree	Not sure	Agree
			I plan to start/continue saving for the future.			
			I plan to build good savings habits now that I can continue as an adult.			
			I plan to talk to my parents regularly about saving and other financial topics.			
			I plan to set savings aside for goals <i>and</i> for financial emergencies.			

4) What personal behaviors will change because of this program?



5) Do you plan to share what you learned from this program with anyone else? Who? What will you share?

6) Do you think this program will end up saving you any money in your future? If so, about how much?

\$0      About \$5      About \$20      About \$100      About \$500      About \$1000

Other:

7) Please share any other thoughts about the program here:

8) We'd like to follow-up in three weeks with a 2-minute survey about the program. You'll also receive some additional tips and links to other games you can play.

Yes. I would like to receive this survey and game links by:

Text \_\_\_\_\_

Email \_\_\_\_\_

Facebook ID \_\_\_\_\_

Other \_\_\_\_\_

No. I do not want to participate in the 3-week follow-up survey.

**Demographic Information (Voluntary):**

Directions: Please circle the answer that describes you.

**Gender:**      Female      Male

**Age range:**    10 or younger      11-13      14-15      16-18      19 or older

**Ethnicity:** African-American    Asian    Caucasian    Hispanic    Native American

Eskimo/Pacific Islander      Other

**State:** Choose the state where this program was taught.

Alaska      Washington      Oregon      Idaho      Montana      Other

**\*\*Instructor:** Please send completed evaluations to Luke Erickson, 1904 E. Chicago St., Suite AB, Caldwell, ID, 83605, or [erickson@uidaho.edu](mailto:erickson@uidaho.edu)