

Workshop Name: _____
 Location: _____
 Workshop Date: _____
 Instructor: _____
 Agency: _____

Thank you for attending the [WORKSHOP NAME] class provided by [YOUR AGENCY NAME]. In order to provide this valuable service, our agency partners, in part or in whole, with grant providers, such as Kentucky Housing Corporation (KHC) and the US Department of Housing and Urban Development (HUD). In return, these organizations request statistical information of the clients we serve. The information requested below is for KHC and HUD's statistical reporting requirements only and is kept strictly confidential.

You are not obligated to receive, purchase, or utilize any other services offered by [AGENCY NAME] as a condition of this class.

At the conclusion of the class, we ask you to take a minute to fill out the questions on the back of this form regarding the workshop. Your feedback is taken seriously and helps us improve our workshops.

[AGENCY NAME]

Reporting Information:

NAME: _____ PHONE NUMBER: _____
 ADDRESS: _____
 CITY, STATE, & ZIP CODE: _____
 COUNTY OF RESIDENCE: _____ ANNUAL HOUSEHOLD INCOME: \$ _____
 # OF PERSONS IN HOUSEHOLD: _____ # OF DEPENDENTS: _____ DATE OF BIRTH: _____
 MARTIAL STATUS: _____ EMAIL: _____

GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	ETHNICITY: <input type="checkbox"/> HISPANIC <input type="checkbox"/> NOT HISPANIC	RACE: <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> WHITE
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Client Authorization:

I understand and authorize [AGENCY] to share my information with Kentucky Housing Corporation and/or the U.S. Department of Housing and Urban Development (HUD). I understand my information will be used only to report grant-related activities and will be kept private and confidential.

 Client Date

Workshop Evaluation

(Please circle one: 5 = Excellent, 3 = Average, 1 = Poor)

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|--|---|---|---|---|---|
| 1. How would you rate the instructor overall? | 5 | 4 | 3 | 2 | 1 |
| 2. Was the instructor knowledgeable? | 5 | 4 | 3 | 2 | 1 |
| 3. Did the instructor answer questions adequately? | 5 | 4 | 3 | 2 | 1 |

4. What aspects of the workshop were most helpful to you?

5. On what topic(s) do you feel you need more information?

6. Do you feel better prepared to buy a home?

7. Would you recommend this class to a friend? Why or Why not?

8. How did you find out about the class?

9. Would you be interested in receiving individual counseling from this agency to work on or address your particular area(s) of concern/needs? (circle one) Yes No

10. Areas of Concern (i.e. developing and sticking to a budget, credit repair, home buying, renting, etc.):
