

**PRE-CLOSING EDUCATION
CLASS EVALUATION**

DATE: _____ **LOCATION OF CLASS:** _____

COUNSELING AGENCY: _____

TRAINER NAME: _____

PLEASE COMPLETE BY RATING THE FOLLOWING ON A SCALE OF 1 TO 5 BY CIRCLING YOUR ANSWERS BELOW.

		Poor	Below Average	Average	Good	Excellent
1.	How would you rate your overall experience in taking the Homeownership class?	1	2	3	4	5
2.	How would you rate the preparedness and ability of the Instructor?	1	2	3	4	5
3.	How would you rate the information you received from the Instructor?	1	2	3	4	5
4.	How would you rate the organization and usefulness of the materials you received?	1	2	3	4	5

- 5.** Do you feel that a three-hour class was: (*circle one*) **too long** **too short** **just right**
- 6.** How did you pick the location of this class? _____
- 7.** Do you feel the course provided you with enough information to allow you to be comfortable in completing your home buying experience? (*circle one*) **Yes** **No**
- 8.** Were you made aware of the availability of individual counseling sessions? (*circle one*) **Yes** **No**
- 9.** Do you plan to make an appointment for individual counseling? (*circle one*) **Yes** **No**
- 10.** Did you receive fair housing information? (*circle one*) **Yes** **No**
- 11.** Did you receive the Home Inspection Materials: “For Your Protection, Get a Home Inspection” and “Ten Important Questions to Ask Your Home Inspector”? (*circle one*) **Yes** **No**
- 12.** How did you hear about the Connecticut Housing Finance Authority (CHFA)?
- 13.** What did you like best about the class? _____

- 14.** What about the class needs improvement? _____

- 14.** Other comments? _____

PLEASE RETURN CLASS EVALUATION TO THE TRAINER BEFORE LEAVING. THANK YOU.