



Financial Literacy Counsel Feedback Sheet

Vancouver Coastal Health Authority | Understanding and Managing Your Finances

Please give us your opinion of today's session. Your comments will help us determine how we can improve future events.

Please **circle** the number that corresponds with your level of agreement with each statement.

	Poor	Satisfactory	Excellent		
1. The event was well organized	1	2	3	4	5
2. The content was too elementary	1	2	3	4	5
3. The presentation was clear and understandable	1	2	3	4	5

Comments/Feedback:

CUSTOMIZE YOUR 1 on 1 CONSULTATION WITH THE FINANCIAL LITERACY COUNSEL

My top three financial planning concerns are:

1. _____
2. _____
3. _____

I want to discuss the following during my Private Appointment:

<input type="checkbox"/> Paying off lines of credit, credit cards and other debt	<input type="checkbox"/> Getting my taxes completed and/or reviewed
<input type="checkbox"/> Begin a financial and savings plan	<input type="checkbox"/> Inheritance planning
<input type="checkbox"/> Buying a home	<input type="checkbox"/> Disability, life, and critical illness insurance
<input type="checkbox"/> Starting a Tax Free Savings Account: TFSA	<input type="checkbox"/> Finances as a couple
<input type="checkbox"/> Start an RRSP to reduce my taxes in 2011	<input type="checkbox"/> Writing a will/taking care of aging parents
<input type="checkbox"/> Retirement Income Planning & Tax Free Savings Account	<input type="checkbox"/> Other _____

- Please help me complete an updated budget only.
- Please help me complete a budget, provide a second opinion on my current finances, and a FINANCIAL PERSCRIPTION OF MY NEXT STEPS.

Your Name(s): _____

E-mail: _____ Phone Number: _____ Birth date: _____

Occupation: _____ Best time to contact you: _____

Would you like the pdf version of today's presentation e-mailed to you? (please circle) YES NO