

# Loan Repayment Consultation Evaluation

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

Please complete the following evaluation for the one-on-one consultation you had with Dr. Jeffrey Hanson that we sponsored. Your feedback will help us evaluate the effectiveness of this program and allow us to make improvements in the debt management and borrower education services we are providing to you and other students. **Your feedback is very important to us for future planning.** Thank you.

4 = Strongly Agree	3 = Agree	2 = Disagree	1 = Strongly Disagree	0 = No opinion
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Circle your response

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. The consultation met my expectations.                           | 4 | 3 | 2 | 1 | 0 |
| 2. The information was helpful.                                    | 4 | 3 | 2 | 1 | 0 |
| 3. I received answers to all my questions.                         | 4 | 3 | 2 | 1 | 0 |
| 4. I feel better prepared to manage repayment of my student loans. | 4 | 3 | 2 | 1 | 0 |
| 5. Dr. Hanson had a good understanding of the information.         | 4 | 3 | 2 | 1 | 0 |
| 6. The "Action Plan" worksheet was helpful.                        | 4 | 3 | 2 | 1 | 0 |
| 7. The one-on-one consultation was worth my time.                  | 4 | 3 | 2 | 1 | 0 |
| 8. The length of the consultation was appropriate.                 | 4 | 3 | 2 | 1 | 0 |
| 9. I recommend that consultations be offered in the future.        | 4 | 3 | 2 | 1 | 0 |

**What were the most useful aspects of the consultation?**

**What changes should be made to enhance/improve this program?**

**Additional comments:**