Levy Gulch - Student Evaluation

Class Location: ____________________________  Date: ______________

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

<table>
<thead>
<tr>
<th>Not at all</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>Loved it</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Before the class</th>
<th>After the class</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td>Not sure</td>
</tr>
</tbody>
</table>

**My Knowledge**

- I understand the responsibilities and benefits of paying taxes.
- I understand the main types of taxes that exist.
- I understand what kinds of taxes affect youth.
- I feel prepared to get help from my parents and financial experts with questions about taxes.

**My behaviors**

- I plan to use public goods provided by the government.
- I plan to pay attention to the different kinds of taxes I pay.
- I plan to get help from my parents and financial experts when I have questions about taxes.

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

OVER
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/earning 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.

<table>
<thead>
<tr>
<th>Gender:</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age range:</td>
<td>10 or younger</td>
<td>11-13</td>
</tr>
<tr>
<td>Ethnicity:</td>
<td>African-American</td>
<td>Asian</td>
</tr>
<tr>
<td>State:</td>
<td>Alaska</td>
<td>Washington</td>
</tr>
</tbody>
</table>

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