

Interstellar Investor - Student Evaluation

Class Location: _____

Date: _____

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

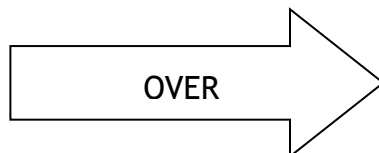
Not at all Loved it
 1 2 3 4 5 6 7 8 9 10

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.

Before the class				After the class		
Disagree	Not sure	Agree	My Knowledge	Disagree	Not sure	Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I know why investing is important.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I know that I should start investing early in life so that I have more time for my investments to grow.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I know that mutual funds are less risky than individual stocks or bonds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I feel comfortable with the idea of investing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disagree	Not sure	Agree	My behaviors	Disagree	Not sure	Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I plan invest for retirement because I know it is important.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I plan to start investing as soon as I can.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I plan to invest in mutual funds over many years so I can minimize risk and maximize growth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



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.

Gender: Female Male

Age range: 10 or younger 11-13 14-15 16-18 19 or older

Ethnicity: African-American Asian Caucasian Hispanic Native American

Eskimo/Pacific Islander Other

State: Choose the state where this program was taught.

Alaska Washington Oregon Idaho Montana Other

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