

Financial Education Needs Analysis

SMMS@bgsu.edu / 419.372.2252 / SMMS personnel _____

www.bgsu.edu/smms 406 Moseley Hall

Student Name _____

Date __/__/____

Date of birth __/__/____

Phone: _____ ex: 4193722252

E-mail _____

Class rank: F So J S GS

Major _____

- **Financial background:** (job, checkbook, financial class in HS, debit card, bank locally, etc.)

- Why did you come to SMMS & what do you hope to accomplish?

- **Fundamental skills:** (grade yourself on the following money management skills -
(1 to 5 - FIVE being the best)

___ How organized are your personal files?

___ Do you have written financial goals?

___ Do you budget – planning, tracking, reviewing?

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- | • Goals: | Deadline |
|----------|----------|
| 1. _____ | _/_/____ |
| 2. _____ | _/_/____ |
| 3. _____ | _/_/____ |
| 4. _____ | _/_/____ |
| 5. _____ | _/_/____ |

Checklist of items brought to session:

tuition	other
student loans	_____
credit cards	_____
medical	_____
car loan	_____
utilities	_____
checkbook	_____
savings	_____
cell phone	_____
debit receipts	_____
insurance	_____
credit report	_____
loans	_____

Session # 1
 Date:
 SMMS

Session # 2
 Date:
 SMMS

Session # 3
 Date:
 SMMS