Remote Home Smart Class Report

Homeowner name: ____________________________________________

Affiliation (select one): □ Homeowner  □ Household member
□ Youth  □ RWK  □ My Money, My Future

Type of class (select one): □ Elective  □ Required

Date of class: ________________ (Attach materials if available)

Class start time: ____________________________

Class end time: ____________________________

List 3 topics that were discussed during the class:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What is one new thing that you learned from this class?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Will you attend another class like this again? __________

Why or why not? ____________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________