



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? _____
