

## Workshop Assessment at Follow-Up (WAFU)

**The anonymous linkage code below will be used to match data from different evaluation forms without using your name or information that can identify you.**

**Please complete the following items for your anonymous code:**

First letter in your mother's first name: |\_\_|      First letter in your father's first name: |\_\_|  
 First digit in your social security number: |\_\_|      Last digit in your social security number: |\_\_|

**Instructions:** For this questionnaire, "mapping" means any use of nodes and links. This can be in the form of fill-in guide maps, free maps that are made from "scratch", or any combination of these.

**PLEASE FILL IN THE CIRCLE THAT SHOWS YOUR ANSWER TO EACH ITEM**

<i>Disagree</i>					<i>Agree</i>
<b><i>Strongly</i></b>	<b><i>Disagree</i></b>	<b><i>Undecided</i></b>	<b><i>Agree</i></b>	<b><i>Strongly</i></b>	
(1)	(2)	(3)	(4)	(5)	

1. You were satisfied with the materials and ideas presented during training. ....  (1)     (2)     (3)     (4)     (5)
2. The materials have proved to be relevant to the needs of your clients. ....  (1)     (2)     (3)     (4)     (5)
3. You have been comfortable using them with your clients. ....  (1)     (2)     (3)     (4)     (5)
4. You have found the things you learned are useful to you and your clients. ....  (1)     (2)     (3)     (4)     (5)
5. Your program has enough staff capacity to implement these materials. ....  (1)     (2)     (3)     (4)     (5)
6. Your program has adequate office space and budget to implement these materials. ....  (1)     (2)     (3)     (4)     (5)
7. You have had enough preparation time to use these materials. ....  (1)     (2)     (3)     (4)     (5)
8. Other counselors in your program have not implemented these materials effectively. ....  (1)     (2)     (3)     (4)     (5)
9. Counselors in your program have adequate background and training needed to use these materials. ....  (1)     (2)     (3)     (4)     (5)

<i>Disagree Strongly</i>	<i>Disagree</i>	<i>Undecided</i>	<i>Agree</i>	<i>Agree Strongly</i>
(1)	(2)	(3)	(4)	(5)

- 10. Practice sessions during the training gave you confidence in using the materials.
- 11. The training provided good instructions and examples for adapting the materials to your client needs.
- 12. Based on what you learned, you have been able to train others to use these materials.
- 13. A follow-up training sessions is needed to really use these materials effectively.
- 14. Your program director (or clinical supervisor) has supported and encouraged use of these materials.
- 15. Other staff at your program have become interested in learning to use these materials.
- 16. Staff at your program like to help one another when using new materials like these.
- 17. Your clients benefited from and encouraged your use of the materials.
- 18. You have found ways to make these materials a regular and sustained part of your program.

**You have not used these materials because –**

- 19. you have a lack of time.
- 20. you already use things you like better.
- 21. they do not fit with your counseling style.
- 22. your agency does not have the time or resources needed.
- 23. they have not worked with your clients.
- 24. you do not feel properly trained to use them.
- 25. they seem cumbersome and difficult to use.
- 26. they do not comply with the treatment philosophy at your agency.