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## Post-training Workshop EVALuation (WEVAL)

The following information is requested by our funding source for demography purposes only:

Are you:  Male  Female

Your Birth Year: |\_\_|\_\_|\_\_|\_\_|

Are you Hispanic or Latino?  No  Yes

Are you: [MARK ONE]

American Indian/Alaska Native

White

Asian

More than one race

Native Hawaiian or Other Pacific Islander

Other (specify): \_\_\_\_\_

Black or African American

**Your Discipline/Profession?** [CHECK ONE THAT MOST GENERALLY DESCRIBES YOUR DUTIES]

*Training Director/Coordinator/Evaluator*

*Program Director/Assistant Director/Manager*

*Clinical Supervisor/Manager*

*Counselor/Case Worker*

*Probation/Parole Officer*

*Other (specify) \_\_\_\_\_*

We will be using the anonymous linkage code below to match data from different evaluation forms without needing your name or other identifying information.

Please complete the following items for your anonymous code:

First letter in mother's first name: |\_\_|

First letter in father's first name: |\_\_|

First digit in your social security number: |\_\_|

Last digit in your social security number: |\_\_|

**Example:** My mother's first name is Dorothy and my father's first name is Ken. My social security number is 123-45-6789. My unique identification code would be: DK19.

# Post-training Workshop EVALuation (WEVAL)

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

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

**PART A**

- 1. You were satisfied with the materials and ideas presented. ....
- 2. The materials are relevant to the needs of your clients. ....
- 3. You will feel comfortable using them with your clients. ....
- 4. You expect the things you learned will be useful to you and your clients. ....
- 5. Your program has enough staff capacity to implement these materials. ....
- 6. Your program has adequate office space and budget to implement these materials. ....
- 7. You will have enough preparation time to use these materials. ....
- 8. Most counselors in your program are not likely to implement these materials effectively. ....
- 9. Counselors in your program have adequate background and training needed to use these materials. ....
- 10. This training included effective practice sessions that give you confidence in using it. ....
- 11. This training included good instructions and examples for adapting the materials to your client needs. ....
- 12. Based on what you learned, you will be able to train others to use these materials. ....

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

- 13. A follow-up training session will be needed to really use these materials. ....
- 14. Your program director (or clinical supervisor) will support and encourage use of these materials. ....
- 15. Other staff at your program will be 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 will benefit from and encourage your use of the materials. ....
- 18. You can find a way to make these materials a regular and sustained part of your program. ...

**PART B**

**You might not use 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 will not work 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. ....