WORKSHOP EVALUATION FORM (TCU WEVAL)

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

Are you:  ○ Male  ○ Female  

Your Birth Year:  19[___]

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

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.
Mark name of workshop:
○ (Session 1 Title)  ○ (Session 2 Title)  ○ (Session 3 Title)  ○ (Session 4 Title)

<table>
<thead>
<tr>
<th>Disagree</th>
<th>Disagree</th>
<th>Undecided</th>
<th>Agree</th>
<th>Agree Strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
</tr>
</tbody>
</table>

Utilization

1. You were satisfied with the materials on procedures you learned about in this session. ................................................. ○ ○ ○ ○ ○

2. You would feel comfortable using them in your program. .................................................. ○ ○ ○ ○ ○

3. The materials covered in this session are relevant to the needs of your clients. ............ ○ ○ ○ ○ ○

4. You expect the things you learned in this workshop will be used in your program within the next month or so. ................................................. ○ ○ ○ ○ ○

5. Your program has used similar materials in the past with little success. .......................... ○ ○ ○ ○ ○

6. You already are using highly similar materials and see no reason to change. ......................... ○ ○ ○ ○ ○

Resources

7. Your program has enough staff to implement these materials. ......................................... ○ ○ ○ ○ ○

8. Your program has sufficient resources (offices, budget, etc.) to implement these materials. ....... ○ ○ ○ ○ ○

9. Other counselors in your program would not have enough preparation time available to effectively implement these materials. ........... ○ ○ ○ ○ ○

10. You have the time to do the set-up work required to use these materials. ............................ ○ ○ ○ ○ ○
Training

11. Counselors in your program have adequate background and training needed to use these materials. ........................................

12. You would find phone consultation with the trainers of these materials helpful should your program decide to use it. ............

13. Counselors in your program would make use of tutorials or training packages available via the Internet to help use this material. ............

14. Based on what you learned in this workshop, you would be able to train others to use these materials. ..................................................

15. A follow-up training session that added to what you learned in this workshop would facilitate your implementation of these materials. ............

16. You would attend a follow-up training session if conducted several weeks from now. ............

17. You would want to invite other staff from your agency to attend a follow-up training session. ...

Support

18. All staff at your program would need to agree to use these materials to make them work. ........

19. Your program director (or clinical supervisor) would support and encourage the use of these materials. ..............................

20. Staff at your program are interested and supportive of new treatment innovations. ............

21. It would be helpful to have regular contact with people from other programs who use these materials. .............................

22. You would be interested in email or Internet-based communications as part of a “users group” to discuss applications of these materials. ..........................