

# WORKSHOP ASSESSMENT FOLLOW-UP SURVEY (TCU WAFU)

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 are conducting a brief follow-up evaluation of the (*training conference title?*) you attended on (*date?*). There is a separate form for each workshop session, asking specific information relative to it. Your participation is voluntary and responses are completely confidential. We will use the unique identification codes below to link your answers to information collected at the time of the workshop; but this code system will not be used to identify you by name or obtain other information about you.

Mark name of workshop:

(Session 1 Title)

(Session 2 Title)

(Session 3 Title)

(Session 4 Title)

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.

**When you have completed the forms, please return them  
in the postage-paid envelope provided.**

**Thank you**

## Conference Overview

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

<i>Not at All (1)</i>	<i>A Little (2)</i>	<i>Some (3)</i>	<i>A Lot (4)</i>	<i>Very Much (5)</i>
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1. Recent program or client problems influenced your decision to attend the workshop. ....
2. Agency pressures influenced your decision to attend. ....
3. Pre-workshop descriptions you saw of the training sessions influenced your attending the Conference. ....
4. The opportunity to receive feedback on pre-conference surveys completed by your program influenced your decision to attend. ....
5. Personal contacts with staff from the sponsoring organization influenced your decision to attend the Conference. ....
6. The workshops you attended have been helpful in the months since the Conference was held. ....
7. How useful were each of the following Conference features –
  - a. Provision of CEU credits for workshop participation .....
  - b. Plenary presentation on the “TCU Treatment Process Model” .....
  - c. Small group sizes (15-30) in each session .....
  - d. Round tables for small group interactions .....
  - e. Audience/presenter interactions .....
  - f. Role playing exercises .....
  - g. Counselor-friendly manuals with step-by-step session guides .....
  - h. Hands-on practice of activities/exercises to use with clients .....
  - i. Opportunities to have personal access to the instructors .....
8. How could this conference have been improved?  


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## Workshop Evaluation

*PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT THE (SPECIFIC WORKSHOP)  
BY FILLING IN THE CIRCLE THAT SHOWS YOUR ANSWER.*

<i>Not at All (1)</i>	<i>A Little (2)</i>	<i>Some (3)</i>	<i>A Lot (4)</i>	<i>Very Much (5)</i>
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1. How satisfied were you with the training provided in the workshop? .....
2. Have you used any ideas or materials from the workshop? .....
3. If so, how useful were they? .....
4. Have you recommended or discussed them with others? .....
5. Do you expect to use these materials in the future? .....
6. Are you interested in further, more specialized training? .....
7. What has kept you from making more use of the materials?  
(Mark all that apply)
  - Lack of time
  - I already use similar strategies from other sources
  - These strategies don't fit with my counseling style
  - My agency does not have the resources to use these materials
  - The strategies you described will not work with my clients
  - I do not feel properly trained to use these materials
  - These materials seem cumbersome and difficult to use
  - These materials don't comply with my agency's treatment philosophy
  - Other: \_\_\_\_\_

8. Please describe how the materials, training, or application could be improved?

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