

## 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)

<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>	
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	

**Utilization**

- |   |                       |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. You were <u>satisfied</u> with the materials on procedures you learned about in this session. ....                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. You would <u>feel comfortable</u> using them in your program. ....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. The materials covered in this session are <u>relevant</u> to the needs of your clients. ....                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. You expect the things you learned in this workshop <u>will be used</u> in your program within the next month or so. .... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Your program has used similar materials in the past with <u>little success</u> . ....                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. You already are using <u>highly similar</u> materials and see no reason to change. ....                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Resources**

- |  |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 7. Your program has <u>enough staff</u> to implement these materials. ....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Your program has <u>sufficient resources</u> (offices, budget, etc.) to implement these materials. ....                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Other counselors in your program would not have enough <u>preparation time</u> available to effectively implement these materials. .... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. <u>You have the time</u> to do the set-up work required to use these materials. ....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

**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. ....