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.

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*Please fill in the circle that shows your answer to each item*

***Disagree Agree***

***Strongly Disagree Undecided Agree Strongly***

***(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. ⭘ ⭘ ⭘ ⭘ ⭘

***Disagree Agree***

***Strongly Disagree Undecided Agree Strongly***

***(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. ⭘ ⭘ ⭘ ⭘ ⭘