

DASA/ICOCE Adolescent and Family Engagement in Substance Abuse

Thank you for participating in the DASA/ICOCE Adolescent and Family Engagement in Substance Abuse Treatment Webinar by Dr. Mary McKay! Please complete the following survey to let us know what you thought about the training. Note that we are asking you for a Personal ID Code that we will use to match registration and evaluation forms for CEU's. We will use this only to ensure the evaluation was done and will not match up names and responses to survey questions.

1. Please provide the following information to allow us to create a Personal ID Code for you. We'll use this to match registration and evaluation forms for CEU's; we will match only to ensure the evaluation was done, not to actual survey questions.

Initials (First Name, Last Name, 2 characters):

Birthday Month (2 digits):

Birthday Day (2 digits):

2. How satisfied are you with...

	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
the overall quality of this training?	jn	jn	jn	jn	jn
the quality of the instruction?	jn	jn	jn	jn	jn
the quality of the training materials?	jn	jn	jn	jn	jn
Overall, how satisfied are you with your training experience?	jn	jn	jn	jn	jn

3. Please rate your agreement with the following statements:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The training class was well organized.	jn	jn	jn	jn	jn
The material presented in this class will be useful to me in dealing with youth with substance abuse problems.	jn	jn	jn	jn	jn
The instructor was knowledgeable about the subject matter.	jn	jn	jn	jn	jn
The instructor was well prepared for the course.	jn	jn	jn	jn	jn
The instructor was receptive to participant comments and questions.	jn	jn	jn	jn	jn
I am currently effective when working in this topic area.	jn	jn	jn	jn	jn
The training enhanced my skills in this topic area.	jn	jn	jn	jn	jn
The training was relevant to my career.	jn	jn	jn	jn	jn
I expect to use the information gained from this training.	jn	jn	jn	jn	jn
I expect this training to benefit my clients.	jn	jn	jn	jn	jn
This training was relevant to treatment of youth with substance abuse problems.	jn	jn	jn	jn	jn
I would recommend this training to a colleague.	jn	jn	jn	jn	jn

4. How useful was the information you received from the instructor?

jn Very Useful jn Useful jn Neutral jn Useless jn Not Applicable

DASA/ICOCE Adolescent and Family Engagement in Substance Abuse

5. Please indicate which title best describes your job:

Manager/Director

Clinical Administrator/Manager

Quality Assurance

Clinical Supervisor

Counselor

Other (please specify)

6. What about the training was most useful in supporting your work with youth with substance abuse disorders? What are you most likely to use in your practice?

7. How can DASA improve its training on youth substance abuse treatment?

8. Suggestions for future training:

9. We conducted this training by webinar in order to be conscious of your time and other costs involved with an in-person training. Please think about and share what you liked and disliked about the training via webinar. In particular, please comment on things that would improve training via webinar.

10. How often would you like to attend webinars on adolescent substance abuse treatment?

A few times a year

Once a Quarter

Once a Month

Twice a Month

Please fax the completed survey to Sarah E. Pickering at ICOCE: 773.506.6499.