**ABAWD Training**

**Post-Assessment & Evaluation**

[Date]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Self-Assessment** | **Disagree** |  |  |  | **Agree** |
| I understand when the ABAWD time limit applies | 1 | 2 | 3 | 4 | 5 |
| I feel confident that I can talk to clients about the ABAWD time limit | 1 | 2 | 3 | 4 | 5 |
| I feel confident that I can screen clients for ABAWD status | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Training Evaluation** | **Disagree** |  |  |  | **Agree** |
| The training met my expectations | 1 | 2 | 3 | 4 | 5 |
| The format (activities vs lecture) met my needs | 1 | 2 | 3 | 4 | 5 |
| The activities were useful | 1 | 2 | 3 | 4 | 5 |
| I feel more confident talking with clients about the ABAWD time limit  | 1 | 2 | 3 | 4 | 5 |

Which aspect(s) of the training did you find **most** helpful/useful?

Which aspect(s) of the training could use improvement?

How can we improve the training?

What questions do you still have?

How can we best support you?

Anything else we should know?