FACILITATOR ASSESSMENT OF PARTICIPANT

Drug Court Post-test

| Unique Client ID: | County: | State: |
|---------------------|----------------------|--------|
| Date Completed: / / | Officer/Facilitator: | |

Please circle the number that best represents how much you **AGREE** or **DISAGREE** with each statement. Thank you for participating.

| | | Strongly Agree | Agree | Disagree | Strongly Disagree |
|-----|--|-------------------|-------|----------|----------------------|
| 1. | The participant is willing to consider making positive changes to his or her irresponsible behavior. | • | 2 | 3 | 4 |
| 2. | The participant knows which of his or her irresponsible behavior led to where he or she is today. | ors 1 | 2 | 3 | 4 |
| 3. | The participant has effective strategies in place for dealing with substance use. | 1 | 2 | 3 | 4 |
| 4. | The participant believes that he or she is in charge of making positive lifestyle changes. | 1 | 2 | 3 | 4 |
| 5. | The participant believes that there are common thinking errors that lead to using drugs or alcohol. | 1 | 2 | 3 | 4 |
| 6. | The participant can identify thinking errors and how they lead this or her using behavior. | to 1 | 2 | 3 | 4 |
| 7. | The participant knows the difference between values that support a responsible lifestyle and values that support an irresponsible one. | ort 1 | 2 | 3 | 4 |
| 8. | The participant can see the benefits of building positive values. | 1 | 2 | 3 | 4 |
| 9. | The participant can see the consequences of having negative values. | 1 | 2 | 3 | 4 |
| 10. | The participant believes that part of positive life change comes from setting appropriate, meaningful goals. | 1 | 2 | 3 | 4 |
| 11. | The participant knows how to set goals for changing the behaviors that led him or her into this program. | 1 | 2 | 3 | 4 |
| 12. | The participant knows the warning signs that lead to irresponsible behavior. | 1 | 2 | 3 | 4 |
| 13. | The participant has skills to deal with the warning signs that lea to irresponsible behavior. | d 1 | 2 | 3 | 4 |

FACILITATOR ASSESSMENT OF PARTICIPANT

Drug Court Post-test

Please circle the number that best represents how much you **AGREE** or **DISAGREE** with each statement. Thank you for participating.

| | Strongly Agree | Agree | Disagree | Strongly Disagree | |
|--|-------------------|-------|----------|----------------------|--|
| 14. There are areas of the participant's life that he or she wants take more responsibility for. | o 1 | 2 | 3 | 4 | |
| 15. The participant feels confident that he or she can overcome the challenges he or she will face when he or she leaves this program. | 1 | 2 | 3 | 4 | |
| 16. The participant has a personal action plan for making positive life changes. | 1 | 2 | 3 | 4 | |