## Addendum for Advanced GALs with Prior Practice Experience: Post-Program

Because you indicated you have prior practice experience as a GAL, we would like you to complete this form to help us determine the ways in which your practice as a GAL may have changed since completing the Advanced GAL training. Please note this form is designed only to help us measure the effectiveness of the Advanced GAL training, and will not be used to assess your performance as a GAL.

Did you spend more time on the cases assigned through this program than your cases in the past?

◯ More time ◯ Less time ◯ No change

Please approximate the percentage of your GAL cases involving domestic violence, child sexual abuse, or stalking:

Prior to completing the Advanced GAL training: \_\_\_\_\_%

Today (having completed the training): \_\_\_\_\_%

Please compare the services you suggested prior to completing the Advanced GAL training to those you have suggested today:

|  |  |  |
| --- | --- | --- |
| **Type of Services Suggested** | **Prior to completing the Advanced GAL training** | **After completing the Advanced GAL training** |
| Sexual assault/abuse | ◯ Adult ◯ Child ◯ Both | ◯ Adult ◯ Child ◯ Both |
| Domestic violence | ◯ Adult ◯ Child ◯ Both | ◯ Adult ◯ Child ◯ Both |
| Dating violence | ◯ Adult ◯ Child ◯ Both | ◯ Adult ◯ Child ◯ Both |
| Stalking | ◯ Adult ◯ Child ◯ Both | ◯ Adult ◯ Child ◯ Both |
| Child maltreatment | ◯ Adult ◯ Child ◯ Both | ◯ Adult ◯ Child ◯ Both |
| Child neglect | ◯ Adult ◯ Child ◯ Both | ◯ Adult ◯ Child ◯ Both |
| Substance use disorder | ◯ Adult ◯ Child ◯ Both | ◯ Adult ◯ Child ◯ Both |
| Mental Health (including counseling, therapy, psychologist) | ◯ Adult ◯ Child ◯ Both | ◯ Adult ◯ Child ◯ Both |
| Medical | ◯ Adult ◯ Child ◯ Both | ◯ Adult ◯ Child ◯ Both |
| Educational | ◯ Adult ◯ Child ◯ Both | ◯ Adult ◯ Child ◯ Both |
| Parenting skills-related | ◯ Adult ◯ Child ◯ Both | ◯ Adult ◯ Child ◯ Both |
| Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ◯ Adult ◯ Child ◯ Both | ◯ Adult ◯ Child ◯ Both |

Please compare your confidence in making recommendations as a GAL prior to completing the Advanced GAL training to your confidence in making recommendations as a GAL today:

Prior to completing the Advanced GAL training: ◯ No confidence ◯ Slight confidence ◯ Moderate confidence ◯ High confidence

Today (having completed the training): ◯ No confidence ◯ Slight confidence ◯ Moderate confidence ◯ High confidence

Please share any ways in which your practice as a GAL has changed since completing the Advanced GAL training.

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