

Office for Victims of Crime Training and Technical Assistance Center
READER RESPONSE CARD

Outside Front



**10530 Rosehaven Street, Suite 400
Fairfax, VA 22030**

OVC TTAC G-300

Office for Victims of Crime Training and Technical Assistance Center

READER RESPONSE CARD

Inside Top

OMB # 1121-0277

Date of Expiration: XXXXXX

Paperwork Reduction Act Notice

Your participation is completely voluntary. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. We try to create accurate and easily understood forms that impose the least possible burden on you to complete. The estimated average time to complete this form is three minutes. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, please write to the Office for Victims of Crime Training and Technical Assistance Center, Needs Assessment and Evaluation Division, 10530 Rosehaven Street, Suite 400, Fairfax, VA 22030.

Thank you for reviewing this product/publication provided by OVC Training and Technical Assistance Center (OVC TTAC). To ensure that we are providing the highest quality resources to the victim services field, we need your feedback. Please tell us how satisfied you are with the quality of this product/publication. Your participation is completely voluntary. Please indicate the extent to which you agree or disagree with the following statements about the product/publication you received. NOTE: Please complete one response card for each product/publication received.

Inside Bottom

Product/Publication Title: _____

1 – I strongly disagree with this statement (SD). 2 – I disagree with this statement (D). 3 – I neither agree nor disagree with this statement (N).
4 – I agree with this statement (A). 5 – I strongly agree with this statement (SA). NA – This is not applicable to this situation.

| | SD | D | N | A | SA | NA |
|---|----|---|---|---|----|----|
| I am satisfied with the content of this product/publication. | 1 | 2 | 3 | 4 | 5 | NA |
| I am satisfied with the format of this product/publication. | 1 | 2 | 3 | 4 | 5 | NA |
| I am satisfied with the overall organization of this product/publication. | 1 | 2 | 3 | 4 | 5 | NA |
| This product/publication met my needs. | 1 | 2 | 3 | 4 | 5 | NA |

1. On a scale of 1 to 5, with 1 representing "not at all useful" and 5 representing "extremely useful," how useful is this product/publication?

1
*Not at all
useful*

2

3

4

5
*Extremely
useful*

Specifically describe how you have been able to use the material. _____

2. Do you have any suggestions or recommendations to make this product/publication more useful for future users (e.g., different format, interactive)?

3. Which of the following **best** describes the field in which you work? (Check one.)

- | | |
|--|---|
| <input type="checkbox"/> Community-based/grassroots <input type="checkbox"/> Corrections/detention <input type="checkbox"/> Education <input type="checkbox"/> Faith community <input type="checkbox"/> Health services (e.g., medical, mental, substance use/abuse) <input type="checkbox"/> Human/social services (e.g., child/family services) | <input type="checkbox"/> Law/justice (e.g., prosecution, courts) <input type="checkbox"/> Law enforcement (e.g., police, sheriff) <input type="checkbox"/> Legislation/policymaking <input type="checkbox"/> Probation/parole <input type="checkbox"/> Research <input type="checkbox"/> Vocational services |
|--|---|

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**ATTN: NICOLE DUTCH
10530 Rosehaven Street, Suite 400
Fairfax, VA 22030**

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