



Office for Victims of Crime Training and Technical Assistance Center

PARTICIPANT FEEDBACK FORM

Thank you for attending the training/technical assistance (TTA) event supported by OVC TTAC. To ensure that we are providing the highest quality TTA to the victim services field, we would like to know how satisfied you are with the quality of the assistance you just received. Responses to these questions will be reported only in aggregate and the results will never identify you as an individual. Your participation is completely voluntary.

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 0.08 hours (approximately 5 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.

EVENT TITLE: pre-printed information

LOCATION: pre-printed information DATE(S): pre-printed formation

PRESENTER(S): pre-printed information

LEARNING OBJECTIVES: pre-printed information

For Questions 1–18, please indicate the extent to which you agree or disagree with the following statements about the TTA event.

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

PRESENTER 1 _____	SD	D	N	A	SA	NA
1. The presenter was well-prepared, knowledgeable and professional.	1	2	3	4	5	NA
2. The presenter explained the mission and goals of OVC TTAC.	1	2	3	4	5	NA
3. The presenter clearly identified and addressed the learning objectives.	1	2	3	4	5	NA
4. The presenter clearly and logically presented the TTA content.	1	2	3	4	5	NA
5. The presenter responded well to questions and comments.	1	2	3	4	5	NA
PRESENTER 2 _____	SD	D	N	A	SA	NA
6. The presenter was well-prepared, knowledgeable and professional.	1	2	3	4	5	NA
7. The presenter explained the mission and goals of OVC TTAC.	1	2	3	4	5	NA
8. The presenter clearly identified and addressed the learning objectives.	1	2	3	4	5	NA
9. The presenter clearly and logically presented the TTA content.	1	2	3	4	5	NA
10. The presenter responded well to questions and comments.	1	2	3	4	5	NA
SESSION	SD	D	N	A	SA	NA
11. The meeting space was comfortable.	1	2	3	4	5	NA
12. The time allotted was adequate for the scope of material presented.	1	2	3	4	5	NA
13. The resource materials (handouts, audiovisuals) enhanced the session.	1	2	3	4	5	NA
14. The session addressed the critical issues of this topic.	1	2	3	4	5	NA



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15. The session increased my knowledge in this topic.	1	2	3	4	5	NA
16. The session has increased my practical skills for this topic	1	2	3	4	5	NA
17. The material was appropriate for my level of experience and knowledge.	1	2	3	4	5	NA
18. I will be able to apply what I learned in my work.	1	2	3	4	5	NA

For Questions 19–21, please indicate your responses using the scale below.

OVERALL	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied
19. How satisfied are you with the quality of the session materials?	1	2	3	4	5
20. How satisfied are you with the quality of the presenter’s presentation?	1	2	3	4	5
21. How satisfied are you with the overall quality of this session?	1	2	3	4	5

22. Which reasons best describe why you attended this session? (Check all that apply.)

- I work for an agency/organization that is experiencing the issues addressed in this session.
- I generally seek to improve upon knowledge or skills.
- I routinely work with other agencies to help them with similar issues.
- The subject matter sounded interesting.
- Other (please specify): _____

23. What aspects of the event were most helpful and why?

24. Identify **three** things you plan to do or change as a result of the training/technical assistance you have received. Please be as specific as you can.

- A. _____
- B. _____
- C. _____

25. What additional training/technical assistance needs do you foresee having with regard to this topic?

26. What part of this event would you suggest changing to make it better for future participants?

27. Do you have any additional comments or suggestions?



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Participant Information

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

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

29. Which of the following **best** describes the number of year's experience you have in your field of work? (Check one.)

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> 0 to 2 years | <input type="checkbox"/> 9 to 11 years |
| <input type="checkbox"/> 3 to 5 years | <input type="checkbox"/> 12 or more years |
| <input type="checkbox"/> 6 to 8 years | |

30. Which of the following **best** describes your organizational setting? (**Check one.**)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> National | <input type="checkbox"/> Tribal |
| <input type="checkbox"/> State | <input type="checkbox"/> International |
| <input type="checkbox"/> Local | |

31. Which of the following **best** describes your geographic setting? (Check one.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Rural | <input type="checkbox"/> Urban |
| <input type="checkbox"/> Suburban | <input type="checkbox"/> If International, list country: |
| <input type="checkbox"/> Tribal | _____ |

*We will be following up with a random sample of participants to determine the impact of this session/event. If you would be willing to participate in a **brief** follow-up interview please provide the information below. The contact information that you provide will be used only to conduct the follow-up interview. The confidentiality of the information you provide is guaranteed.*

Name: _____ **Phone:** _____ **E-mail:** _____

Thank you for completing this Participant Feedback Form. We value your input!

Please return your completed form to the OVC TTAC host before leaving.