



**Office for Victims of Crime Training and Technical Assistance Center**

**CONSULTANT FEEDBACK FORM**

To ensure that the OVC Training and Technical Assistance Center (OVC TTAC) is providing the highest quality training and technical assistance to the victim services field, we need your feedback. We ask consultants contracted to provide support to the field at the request of OVC TTAC to complete this form. Your responses will be carefully considered and will be factored into the overall program evaluation of OVC TTAC. 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.

In planning for a training and technical assistance event, OVC TTAC assesses the needs of the requester and recommends consultants to meet those needs in the most efficient and effective manner. In the first section of this form, "Planning Assessment," please assess all of the tasks and processes that went into planning this event. In the second section, "Training/Technical Assistance Delivery Assessment," please assess the session.

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.

PROGRAM TITLE: *pre-printed information*

LOCATION: *pre-printed information*

DATE (S): *pre-printed information*

CONSULTANT (S): *pre-printed information*

REQUESTER: *(name of individual) pre-printed information*

*(name of organization ) pre-printed information*

OVC TTAC COORDINATOR: *pre-printed information*

**ACTIVITY DESCRIPTION:** *pre-printed information*

**TRAINING/TECHNICAL ASSISTANCE EXPECTED OUTCOMES:** *pre-printed information*



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**PLANNING ASSESSMENT**

For Questions 1-5, please indicate the extent to which you agree or disagree with the statements about the planning of the training/technical assistance (TTA) event.

1 – I strongly disagree with this statement.

2 – I disagree with this statement.

3 – I neither agree nor disagree with this statement.

4 – I agree with this statement.

5 – I strongly agree with this statement.

NA – This is not applicable to this situation.

NO – I was not in a position to observe this activity and cannot comment on it.

PLANNING	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable	Not Observed
1. The OVC TTAC coordinator was detail-oriented and thorough in planning.	1	2	3	4	5	NA	NO
2. The OVC TTAC coordinator was responsive to my questions/needs.	1	2	3	4	5	NA	NO
3. Discussions with the OVC TTAC coordinator prior to the program helped me identify critical issues to be covered in the event.	1	2	3	4	5	NA	NO
4. I was aware of the needs of the participants prior to the event.	1	2	3	4	5	NA	NO
5. OVC TTAC provided me with the necessary information and resources to help me adequately prepare for the event.	1	2	3	4	5	NA	NO

For Questions 6-8, please write your comments in the space provided. Use additional paper if necessary.

6. Did you have enough information to develop a TTA plan to meet the needs of the audience? What information was helpful in preparing the TTA plan? What information was missing?

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7. What obstacles or challenges, if any, did you encounter during the planning phase?

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8. What could OVC TTAC have done differently to help you plan better for this event?

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**TRAINING/TECHNICAL ASSISTANCE DELIVERY ASSESSMENT**

*For Questions 9-16, please indicate the extent to which you agree or disagree with the statements about the training/technical assistance (TTA) you received for this event.*

*1 – I strongly disagree with this statement.*

*2 – I disagree with this statement.*

*3 – I neither agree nor disagree with this statement.*

*4 – I agree with this statement.*

*5 – I strongly agree with this statement.*

*NA – This is not applicable to this situation.*

*NO – I was not in a position to observe this activity and cannot comment on it.*

DELIVERY	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable	Not Observed
9. The time allotment was adequate for the scope of material presented.	1	2	3	4	5	NA	NO
10. The material was appropriate for the level of experience and knowledge of the participants.	1	2	3	4	5	NA	NO
11. The session introduced new knowledge to the participants.	1	2	3	4	5	NA	NO
12. The session introduced new skills to participants.	1	2	3	4	5	NA	NO
13. Participants will be able to apply the knowledge/skills learned to their jobs.	1	2	3	4	5	NA	NO
14. Participants were engaged in the session.	1	2	3	4	5	NA	NO
15. The session adequately covered each of the learning objectives.	1	2	3	4	5	NA	NO
16. The session was relevant to the needs of participants.	1	2	3	4	5	NA	NO

*For Questions 17-20, please write your comments in the space provided. Use additional paper if necessary.*

17. On a scale of 1 to 5, with 1 representing “unsuccessful” and 5 representing “successful,” how successful were you in achieving the expected outcomes of this event?

1
2
3
4
5  
*unsuccessful*  *successful*

Please give a reason for your rating, using examples where possible.

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18. What obstacles or challenges, if any, did you face in delivering training or technical assistance?

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19. What additional technical assistance needs do you foresee this group will have with regard to this topic?

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20. Do you have any other comments or suggestions?

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**Thank you for completing this TTAC Consultant Feedback Form. We value your input!**

*Please fax completed forms to: 703.385.3206 or mail to:*

OVC Training and Technical Assistance Center

ATTN: Nicole Dutch

OVC TTAC Needs Assessment and Evaluation Division  
10530 Rosehaven Street, Suite 400, Fairfax, VA 22030