



Office for Victims of Crime Training and Technical Assistance Center

REQUESTER FEEDBACK FORM

To better support you in the future, we would like to know your opinion of the quality of support you received from OVC Training and Technical Assistance Center (OVC TTAC). Your responses to this form 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 of this form, "Training/Technical Assistance Delivery Assessment," please assess the actual delivery of the training/technical assistance. **NOTE: Please complete one form per consultant.** In the final section, please assess the overall training/technical assistance provided for the event.

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 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 1-6, 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 needs.	1	2	3	4	5	NA	NO
3. Discussions with the OVC TTAC coordinator prior to the event helped to identify critical issues to be covered.	1	2	3	4	5	NA	NO
4. The OVC TTAC coordinator was effective in identifying an appropriate consultant for the event.	1	2	3	4	5	NA	NO
5. The consultant was easy to communicate with in planning for the event.	1	2	3	4	5	NA	NO
6. I am satisfied with the overall planning of the event by OVC TTAC.	1	2	3	4	5	NA	NO

For Questions 7-10, please write your comments in the space provided. Use additional paper if necessary.

7. What was the most useful component of the planning phase in helping you plan for this event?

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

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



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19. What obstacles or challenges, if any, did you encounter during the delivery of training/technical assistance?

20. What other comments or suggestions do you have about the delivery phase?

OVERALL ASSESSMENT

For Questions 21-23, please write your comments in the space provided about the overall training/technical assistance event.

21. On a scale of 1 to 5, with 1 representing “far below my expectations” and 5 representing “exceeded my expectations,” how did this training/technical assistance event meet your expectations?

1	2	3	4	5
<i>Far Below My Expectations</i>				<i>Exceeded My Expectations</i>

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

22. Now that the training/technical assistance event has concluded, what, if any, *additional* needs does your organization have regarding this topic?

23. What other comments do you have about the event overall?

Thank you for completing this OVC TTAC Requester Feedback Form. We value your input!

Please fax completed forms to: 703.385.3206 or mail to:
OVC Training and Technical Assistance Center



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