

Office for Victims of Crime Training and Technical Assistance Center

USER FEEDBACK FORM

To ensure that we are providing the highest quality training and technical assistance (TTA) to the victim services field, we would like to know your opinion of the quality of support you received from the Office for Victims of Crime Training and Technical Assistance Center (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.

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 forms and instructions that are accurate, easily understood, and which 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.

Part I. Experience with OVC TTAC

Please mark the box that corresponds with your answer.

1. How did you find out about OVC TTAC?

- Via the OVC TTAC Web site
- Via an OVC TTAC exhibit or presentation at a conference
- Via a link from another Web site/ searching the internet
- Via a colleague who is familiar with OVC TTAC resources
- Via my OVC program monitor or other OVC staff person
- Other (please specify): _____

2. How often have you used OVC TTAC in the last 12 months?

- 1 - 3 times
- 4 - 6 times
- 7 - 10 times
- 10+ times

3. How did you access OVC TTAC? **(Check all that apply.)**

- Via the OVC TTAC website
- Via the toll-free number
- Via my OVC program monitor or other OVC staff person
- Via email
- Via TTY
- Other (please specify): _____

4. Why have you used/contacted OVC TTAC? **(Check all that apply.)**

- Request technical assistance
- Request training
- Request a speaker for conference/event
- Request materials and/or resources for training/technical assistance
- Request general information about OVC and/or OVC TTAC
- Other (please specify): _____



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5. In general, how promptly was your request acknowledged?

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Immediately | <input type="checkbox"/> Within 2 days |
| <input type="checkbox"/> Within a day | <input type="checkbox"/> More than 2 days |

For Questions 6 – 9, please indicate the extent to which you agree or disagree with the following statements about the information/assistance you received from OVC TTAC.

- | | |
|--|--|
| 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). |

	SD	D	N	A	SA	NA
6. The information/assistance I received was easy for me to understand.	1	2	3	4	5	NA
7. The information/assistance I received will help me in my work.	1	2	3	4	5	NA
8. The information/assistance I received met my needs.	1	2	3	4	5	NA
9. I will return to OVC TTAC for my training and technical assistance needs.	1	2	3	4	5	NA

Part II. Suggestions

For Questions 10 – 13, please write your comments in the space provided. Use additional paper if necessary.

10. What challenges, if any, have you encountered in using OVC TTAC?

11. What did you find most helpful about OVC TTAC’s resources?

12. On a scale of 1 to 5, with 1 representing “very dissatisfied” and 5 representing “very satisfied,” how satisfied are you with the information/assistance you received from OVC TTAC?

1	2	3	4	5
<i>Very dissatisfied</i>				<i>very satisfied</i>

Please explain your rating in the space provided below, and be as specific as possible.

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13. Please complete the following statement.

“If I could change one thing about OVC TTAC, I would...”

Part III. Respondent Information

Please tell us a little bit about yourself.

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

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

15. How many years of experience do you have in your field of work? (Check one.)

- 0 to 2 years
- 3 to 5 years
- 6 to 8 years
- 9 to 11 years
- 12 or more years

16. Which of the following best describes your agency or organization? (Check all that apply.)

- Federal
- State
- Local
- Private, for profit
- Private, non-profit
- Public
- U.S. Attorney's Office
- OVC
- Victim service agency serving non-English speaking victim populations
- Tribal
- Local indigenous organization
- Other (please specify): _____

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

Please fax completed forms to: 703-385-3206 or mail to:
OVC Training and Technical Assistance Center
ATTN: Ms. Nicole Dutch
OVC TTAC Needs Assessment and Evaluation Division
10530 Rosehaven Street, Suite 400, Fairfax, VA 22030