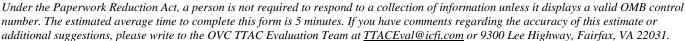


CUSTOMIZED TTA Participant Followup

Approximately 3 months ago, you attended the OVC TTAC session listed below. In order to help OVC TTAC better serve the field, we are reaching out to you and other participants to obtain your feedback. We will protect the privacy of your information in accordance with the Federal Privacy Act, and we will protect the confidentiality of your responses using procedures we have in place. Only members of the Needs Assessment and Evaluation Team have access to information that could identify respondents. Answers to these questions will only be reported after aggregating all responses, and the results will never identify you as an individual. Other participants, presenters, OVC staff, OVC TTAC staff, and your employer will not have access to what you as an individual say. Your participation is completely voluntary. If you have any questions about this survey or the evaluation, please contact TTACEval@icfi.com.

EVENT: <u>pre-printed information</u> LOCATION: <u>pre-printed information</u> PRESENTER(S): <u>pre-printed information</u>			ted information	on		_ _ _
Please indicate the extent to which you agree or disagree with the	following stat	tements.				
SESSION	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applica
. I gained new knowledge as a result of attending the session.	1	2	3	4	5	NA
2. I gained new skills as a result of attending the session.	1	2	3	4	5	NA
3. The session improved my ability to serve victims.	1	2	3	4	5	NA
The session improved my ability to reach underserved victims.	1	2	3	4	5	NA
5. The session improved my ability to collaborate with others.	1	2	3	4	5	NA
6. I have found the provided materials to be useful in my work.	1	2	3	4	5	NA
7. I have been able to apply what I learned in my work.	1	2	3	4	5	NA
 8. How have you applied what you learned to your work, if applic 9. Have you done any of the following as a result of attending this 		sassion? (N	Mark all the	ot apply)	
 □ Share materials with colleagues □ Refer colleagues to other OVC TTAC events/ resources □ Train colleagues in content/skills learned at the event □ Enact policy changes at my organization □ Begin a new project or initiative □ Strengthen evaluation or needs assessment activities □ Modify outreach/marketing activities □ Change my management or leadership style Please explain: 	☐ Expand ☐ Expand ☐ Expand ☐ Pursue ☐ Netword ☐ Strengt ☐ Identify	d services to d types of se d capacity/f additional j rk with other then collabor y/pursue ne	o new victim ervices offer requency of professional er participan orative relati w funding re	populated to vice services develop ts onships esources	tions tims to victims ment with other	orgs

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10. Looking back, what aspects of the session were most helpful to you, and why?



OMB# 1121-XXXX Date of Expiration: XXXX



CUSTOMIZED TTA Participant Followup

11.	What could have been done differently to make the session more useful to you now?				
12.	Do you have any other comments or suggestions?				

Thank you for taking the time to complete this form and helping to improve OVC TTAC activities.