

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

Please indicate the extent to which you agree or disagree with the following statements.

SESSION	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
1. 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
4. 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 applicable?

9. Have you done any of the following as a result of attending this OVC TTAC session? **(Mark all that apply.)**

- | | |
|--|--|
| <input type="checkbox"/> Share materials with colleagues
<input type="checkbox"/> Refer colleagues to other OVC TTAC events/ resources
<input type="checkbox"/> Train colleagues in content/skills learned at the event
<input type="checkbox"/> Enact policy changes at my organization
<input type="checkbox"/> Begin a new project or initiative
<input type="checkbox"/> Strengthen evaluation or needs assessment activities
<input type="checkbox"/> Modify outreach/marketing activities
<input type="checkbox"/> Change my management or leadership style | <input type="checkbox"/> Expand services to <i>new victim populations</i>
<input type="checkbox"/> Expand <i>types of services</i> offered to victims
<input type="checkbox"/> Expand <i>capacity/frequency</i> of services to victims
<input type="checkbox"/> Pursue additional professional development
<input type="checkbox"/> Network with other participants
<input type="checkbox"/> Strengthen collaborative relationships with other orgs
<input type="checkbox"/> Identify/pursue new funding resources
<input type="checkbox"/> Other(s): _____ |
|--|--|

Please explain: _____

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

Paperwork Reduction Act Notice

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. The estimated average time to complete this form is 5 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the OVC TTAC Evaluation Team at TTACEval@icfi.com or 9300 Lee Highway, Fairfax, VA 22031.



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.