

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 your responses will remain confidential. 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 <u>TTACEval@icfi.com</u>.

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 fo	llowing stat	ements.				
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
i. 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
. I have been able to apply what I learned in my work.	1	2	3	4	5	NA
9. Have you done any of the following as a result of attending this C	OVC TTAC	session? (N	Mark all tha	nt apply	.)	
☐ Share materials with colleagues	☐ Expand services to <i>new victim populations</i>					
☐ Refer colleagues to other OVC TTAC events/ resources	☐ Expand types of services offered to victims					
☐ Train colleagues in content/skills learned at the event	☐ Expand <i>capacity/frequency</i> of services to victims					
☐ Enact policy changes at my organization	☐ Pursue additional professional development					
 □ Begin a new project or initiative □ Strengthen evaluation or needs assessment activities 	□ Network with other participants□ Strengthen collaborative relationships with other orgs					
☐ Modify outreach/marketing activities	☐ Identify/pursue new funding resources					
☐ Change my management or leadership style						
Please explain:	•	,				
r lease explain.						
10. Looking back, what aspects of the session were most helpful to y	ou, and why	?				



OMB# 1121-XXXX Date of Expiration: XXXX



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11. What could have been done differently to make the session more useful to you now?					
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.