

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

Presenter 1: _____	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
11. The presenter demonstrated a comprehensive knowledge of the subject.	1	2	3	4	5	NA
12. The presenter clearly and logically presented the content.	1	2	3	4	5	NA
13. The presenter responded well to questions and comments.	1	2	3	4	5	NA
14. The presenter created a respectful environment for participants.	1	2	3	4	5	NA
Presenter 2: _____	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
15. The presenter demonstrated a comprehensive knowledge of the subject.	1	2	3	4	5	NA
16. The presenter clearly and logically presented the content.	1	2	3	4	5	NA
17. The presenter responded well to questions and comments.	1	2	3	4	5	NA
18. The presenter created a respectful environment for participants.	1	2	3	4	5	NA
Overall Session	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
19. The session clearly addressed the learning objectives.	1	2	3	4	5	NA
20. The session addressed the critical issues related to the topic(s).	1	2	3	4	5	NA
21. The time allotted was adequate for the scope of material covered.	1	2	3	4	5	NA
22. The session was well organized and clear.	1	2	3	4	5	NA
23. The material was appropriate for my level of experience and knowledge.	1	2	3	4	5	NA
24. The resource materials (handouts, audiovisuals, manual) enhanced the session.	1	2	3	4	5	NA
25. The session increased my knowledge related to the topic(s).	1	2	3	4	5	NA
26. The session increased my practical skills related to the topic(s).	1	2	3	4	5	NA
27. I will be able to apply what I learned in my work.	1	2	3	4	5	NA
28. The session will improve my ability to serve victims.	1	2	3	4	5	NA
29. The session will improve my ability to reach underserved victims.	1	2	3	4	5	NA
30. There was sufficient opportunity to network with others in the field.	1	2	3	4	5	NA
31. The small group activities enhanced my experience.	1	2	3	4	5	NA
32. The session met my goals.	1	2	3	4	5	NA
33. I am satisfied with the overall quality of the session.	1	2	3	4	5	NA

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

Please explain: _____



35. Would you recommend OVC TTAC to others? Yes No

36. Did the training provide comprehensive coverage of the topic(s)? Please explain.

37. Was the content current and up-to-date? Please explain.

38. Was there anything else you would change about the modules' content? Please explain.

39. Was there anything you would change about any materials (videos, handouts, manuals, etc.) used? Please explain.

40. Was the time allocated for each module appropriate? Please explain.

41. Was there enough time for discussion and questions? Please explain.

42. What aspects of the session were most helpful and why?

43. What could have been done differently to create a better session?

44. Do you have any other comments or suggestions?

45. Which of the following **best** describes the organization in which you work? (Mark all that apply.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Community-Based/Grassroots | <input type="checkbox"/> Health Services | <input type="checkbox"/> Military |
| <input type="checkbox"/> Criminal Justice Agency | <input type="checkbox"/> Human/Social Services | <input type="checkbox"/> Research |
| <input type="checkbox"/> Education | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Faith-Based | <input type="checkbox"/> Legislation/Polycymaking | _____ |



46. Which types of victim services do **you** provide for crime victims in your current position? **(Mark all that apply.)**

- | | | |
|---|--|--|
| <input type="checkbox"/> I do not provide direct services | <input type="checkbox"/> Criminal Justice System Advocacy/Assistance | <input type="checkbox"/> Notification |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Medical Assistance | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Compensation/Restitution | <input type="checkbox"/> 24-Hour Hotline | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Information/Referral | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Crisis Intervention | | |

47. Which of the following **best** describes the number of years of experience you have in your field of work? **(Mark one.)**

- | | |
|--|---|
| <input type="checkbox"/> Less than 3 years | <input type="checkbox"/> 6 to 10 years |
| <input type="checkbox"/> 3 to 5 years | <input type="checkbox"/> More than 10 years |

48. Which of the following **best** describes your primary role in your current position? **(Mark all that apply.)**

- | | | |
|---|---|--|
| <input type="checkbox"/> Direct Delivery/Front Line Staff | <input type="checkbox"/> Consultant/Trainer | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Management/Administrative Staff | <input type="checkbox"/> Volunteer | |

49. Which of the following **best** describes the population you serve? **(Mark all that apply.)**

- | | |
|---|---|
| <input type="checkbox"/> National | <input type="checkbox"/> Local |
| <input type="checkbox"/> State | <input type="checkbox"/> Urban |
| <input type="checkbox"/> Tribal | <input type="checkbox"/> Rural |
| <input type="checkbox"/> International, list country: _____ | <input type="checkbox"/> Suburban |
| | <input type="checkbox"/> Culturally specific population(s): _____ |

*If you would be willing to participate in a **brief** followup survey in 3 months, please provide your e-mail: _____*

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