

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): <u>pre-printed formation</u>
PRESENTER(S): pre-printed information	

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

MODULE X: Module Title	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
1. As a result of this module, I can	1	2	3	4	5	NA
2. As a result of this module, I can	1	2	3	4	5	NA
3. The learning objectives for this module were clearly stated.	1	2	3	4	5	NA
MODULE X: Module Title	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
MODULE X: Module Title 4. As a result of this module, I can		Disagree 2	Agree nor	Agree 4		- 1
		Ü	Agree nor Disagree		Agree	Applicable

The following questions ask for your thoughts on the modules listed below.

■ Module X: Title

■ *Module X: Title*

■ *Module X: Title*

■ Module X: Title

■ Module X: Title

■ Module X: Title

■ *Module X: Title*

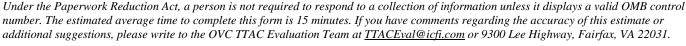
■ *Module X: Title*

■ Module X: Title

■ *Module X: Title*

MO	DDULE	1	2	3	4	5	6	7	8	9	10	11	12
7.	Which module was your favorite?	1	2	3	4	5	6	7	8	9	10	11	12
8.	Which module was your least favorite?	1	2	3	4	5	6	7	8	9	10	11	12
9.	Which module did you find most applicable to your job?	1	2	3	4	5	6	7	8	9	10	11	12
10.	Which module most improved your knowledge and skills?	1	2	3	4	5	6	7	8	9	10	11	12









PILOT TRAINING Participant Feedback

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

3	4.	Do 1	VOII:	nlan t	o do	anv	of t	the	folle	wing	as	a resi	ılt o	f att	endin	g thi	s O	V($\subset \mathbf{T}'$	$\Gamma A C$	session	n?	N	larl	k all	th	at a	nnl	v .)	į
_	• •		,	piuii (01 1		10110	, ,,,,,,,	, ab	u resi	****	1 444	CIIGII	5	\sim	, ,			Debbio		(+ + -					PP	., .,	8

Ш	Share materials with colleagues	Ш	Expand services to new victim populations
	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 capacity/frequency of services to victims
	Enact policy changes at my organization		Pursue additional professional development
	Begin a new project or initiative		Network with other participants
	Strengthen evaluation or needs assessment activities		Strengthen collaborative relationships with other orgs
	Modify outreach/marketing activities		Identify/pursue new funding resources
	Change my management or leadership style		Other(s):
Ple	ease explain:		
	1		



OMB# 1121-XXXX Date of Expiration: XXXX



PILOT TRAINING Participant Feedback

35.	Would you recommend OVC TTAC to oth	ers? \square Yes \square 1	No	
36.	Did the training provide comprehensive co	verage of the topic(s)? Please	se explain.	
37.	Was the content current and up-to-date? Pl	ease explain.		
38.	Was there anything else you would change		? Please explain.	
39.			ndouts, manuals, etc.) used? Please explain.	
40.	Was the time allocated for each module ap	propriate? Please explain.		
41.	Was there enough time for discussion and	questions? Please explain.		
42.	What aspects of the session were most help	oful and why?		
43.	What could have been done differently to o	reate a better session?		
44.	Do you have any other comments or sugge	stions?		
45.	Which of the following best describes the Community-Based/Grassroots Criminal Justice Agency Education Faith-Based	organization in which you we Health Services Human/Social Service Legal Services Legislation/Policyma	□ Military ces □ Research □ Other (please specify):	

OMB# 1121-XXXX Date of Expiration: XXXX



PILOT TRAINING Participant Feedback

_ _ _	I do not provide direct services Child Care Compensation/Restitution Counseling Crisis Intervention		Criminal Justice System Advocacy/Assistance Medical Assistance 24-Hour Hotline Information/Referral		Notification Shelter Transportation Other (please specify):
47. W	hich of the following best describes the n	umb	er of years of experience you have in you	ır fie	ld of work? (Mark one.)
<u> </u>	Less than 3 years 3 to 5 years		6 to 10 years More than 10 years		
48. W	hich of the following best describes your	prim	ary role in your current position? (Marl	k all	that apply.)
<u> </u>	Direct Delivery/Front Line Staff Management/Administrative Staff	<u> </u>	Consultant/Trainer Volunteer		Other (please specify):
49. W	hich of the following best describes the p	opul	ation you serve? (Mark all that apply.)		
	National State Tribal		□ Local □ Urban □ Rural □ Suburban		

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