

In order to help OVC TTAC better serve the field, we are reaching out to you and other consultants 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. Please note that completing this form is a requirement for serving as an OVC TTAC consultant. If you have any questions about this survey or the evaluation, please contact [TTACEval@icfi.com](mailto:TTACEval@icfi.com).

EVENT: <u>pre-printed information</u>	SESSION: <u>pre-printed information</u>
LOCATION: <u>pre-printed information</u>	DATE(S): <u>pre-printed formation</u>
CONSULTANT(S): <u>pre-printed information</u>	
OVC TTAC COORDINATOR: <u>pre-printed information</u>	

Please indicate the extent to which you agree or disagree with the following statements. Mark "Not Observed" if you are unable to assess the statement due to not being present or able to observe.

PLANNING AND DELIVERY	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable	Not Observed
1. OVC TTAC was responsive to my questions and needs.	1	2	3	4	5	NA	NO
2. Discussions with OVC TTAC helped me to identify critical issues and understand the needs of participants prior to the session.	1	2	3	4	5	NA	NO
3. OVC TTAC provided me with the necessary information and resources to help me adequately prepare for the session.	1	2	3	4	5	NA	NO
4. The time allotment was adequate for the scope of material covered.	1	2	3	4	5	NA	NO

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

6. What could OVC TTAC have done differently to create a better session? (You may use the back of the form for more space.)

---

---

---

---

---

7. Do you have any other comments or suggestions? (You may use the back of the form for more space.)

---

---

---

---

---

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

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](mailto:TTACEval@icfi.com) or 9300 Lee Highway, Fairfax, VA 22031.