

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](mailto:TTACEval@icfi.com).

EVENT: pre-printed information SESSION: pre-printed information  
 LOCATION: pre-printed information DATE(S): pre-printed information  
 PRESENTER(S): pre-printed information  
 LEARNING OBJECTIVES: pre-printed information

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

<b>PRESENTER/FACILITATOR 1</b> _____	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
1. The presenter demonstrated a comprehensive knowledge of the subject./The facilitator helped the meeting to stay on-track with the scheduled agenda.	1	2	3	4	5	NA
2. The presenter clearly and logically presented the content./The facilitator managed the discussion well, allowing and encouraging multiple people to share feedback.	1	2	3	4	5	NA
3. The presenter/facilitator responded well to questions and comments.	1	2	3	4	5	NA
4. The presenter/facilitator created a respectful environment for participants.	1	2	3	4	5	NA
<b>OVERALL SESSION</b>	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
5. The session clearly addressed the learning objectives/stated objectives. (See above for objectives.)	1	2	3	4	5	NA
6. The session addressed the critical issues related to the topic(s).	1	2	3	4	5	NA
7. The time allotted was adequate for the scope of material covered.	1	2	3	4	5	NA
8. The session was well organized and clear.	1	2	3	4	5	NA
9. The material was appropriate for my level of experience and knowledge.	1	2	3	4	5	NA
10. The resource materials (handouts, audiovisuals, manual) enhanced the session.	1	2	3	4	5	NA
11. The session increased my knowledge related to the topic(s).	1	2	3	4	5	NA
12. The session increased my practical skills related to the topic(s).	1	2	3	4	5	NA
13. I will be able to apply what I learned in my work.	1	2	3	4	5	NA
14. The session will enable me to serve victims better.	1	2	3	4	5	NA
15. The session will enable me to better reach underserved victims.	1	2	3	4	5	NA
16. The session will help build more collaboration among participants.	1	2	3	4	5	NA
17. There was sufficient opportunity to network with others in the field.	1	2	3	4	5	NA
18. The xxx[small group activities/discussion, etc.] enhanced my experience.	1	2	3	4	5	NA
19. The session met my goals.	1	2	3	4	5	NA
20. I am satisfied with the overall quality of the session.	1	2	3	4	5	NA

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 10 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.



21. 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: \_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

25. Do you have any other comments or suggestions?

\_\_\_\_\_  
\_\_\_\_\_

26. 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 |  |

27. 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 | <input type="checkbox"/> Notification                  |
| <input type="checkbox"/> Child Care                       | <input type="checkbox"/> Advocacy/Assistance     | <input type="checkbox"/> Shelter                       |
| <input type="checkbox"/> Compensation/Restitution         | <input type="checkbox"/> Medical Assistance      | <input type="checkbox"/> Transportation                |
| <input type="checkbox"/> Counseling                       | <input type="checkbox"/> 24-Hour Hotline         | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Crisis Intervention              | <input type="checkbox"/> Information/Referral    |  |

28. 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 |

29. 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          |  |

30. 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): _____ |

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