

We have identified you as someone who has recently been in contact with the OVC TTAC Call Center. In order to help OVC TTAC better serve the field, we are reaching out to you and others to obtain feedback on assistance provided. 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.

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

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
1. OVC TTAC was responsive to my questions and needs.	1	2	3	4	5	NA
2. The information/assistance I received was easy for me to understand.	1	2	3	4	5	NA
3. The information/assistance I received will help me in my work.	1	2	3	4	5	NA
4. The information/assistance I received met my goals.	1	2	3	4	5	NA
5. I am satisfied with the information/assistance I received.	1	2	3	4	5	NA
6. I will return to OVC TTAC for my training and technical assistance needs.	1	2	3	4	5	NA

7. How did you find out about OVC TTAC?

- Via the OVC TTAC Web site
- Via an OVC TTAC exhibit or presentation at a conference
- Via a link from another Web site/Searching the Internet
- Via a colleague who is familiar with OVC TTAC resources
- Via my OVC program monitor or other OVC staff person
- Other (please specify): _____

8. How often have you used OVC TTAC in the last 12 months?

- 1 - 3 times
- 4 - 6 times
- 7 - 9 times
- 10+ times

9. How did you access OVC TTAC? (Mark all that apply.)

- OVC TTAC Web site
- Toll-free number for call center
- OVC program monitor or other OVC staff person
- E-mail
- TTY
- Other (please specify): _____

10. Why have you used/contacted OVC TTAC? (Mark all that apply.)

- Request general information about OVC or OVC TTAC
- Obtain general information about victim services
- Obtain a referral for direct services
- Access online materials or training
- Join the listserv or mailing list
- Apply to be a consultant/trainer
- Acquire help for technical problems on Web site
- Request or apply for assistance:
 - Technical assistance
 - Training
 - Funding for a conference/event or speaker
 - Scholarship
 - National Victim Assistance Academy
- Other (please specify): _____

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 or 9300 Lee Highway, Fairfax, VA 22031.



11. In general, how promptly was your request acknowledged?

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Immediately | <input type="checkbox"/> Within 2-3 days | <input type="checkbox"/> More than a week |
| <input type="checkbox"/> Within a day | <input type="checkbox"/> Within a week | <input type="checkbox"/> My request was not acknowledged |

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

13. What did you find most helpful about OVC TTAC's resources?

14. What could have been done differently to improve your experience with OVC TTAC?

15. Do you have any other comments or suggestions?

16. 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 | _____ |

17. 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 | _____ |

18. 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 |

19. 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 | _____ |

20. 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.