

*Thank you for visiting the Office for Victims of Crime Training and Technical Assistance Center (OVC TTAC) Web site. In order to help OVC TTAC better serve the field, we are reaching out to you 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. 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).*

1. How did you find out about the OVC TTAC Web site?

- Via an OVC TTAC exhibit or presentation at a conference
- Via the OVC TTAC call center
- 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): \_\_\_\_\_

2. What was the goal of your visit today? (Mark all that apply.)

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Learn about OVC TTAC</li> <li><input type="checkbox"/> Request/apply for training or technical assistance</li> <li><input type="checkbox"/> Access online materials or training</li> <li><input type="checkbox"/> Learn more about victim services</li> <li><input type="checkbox"/> Obtain contact information</li> <li><input type="checkbox"/> Sign up for the listserv</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Learn about training or technical assistance opportunities</li> <li><input type="checkbox"/> Participate in one of the learning communities</li> <li><input type="checkbox"/> Other (please specify): _____</li> </ul> |
|---|--|

3. Approximately how many times have you used/visited this site?

- This is my first time
- Daily
- Weekly
- Monthly
- A few times per year

***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
4. It is easy to find the information I need on this site.	1	2	3	4	5	NA
5. It is easy to navigate the site.	1	2	3	4	5	NA
6. I was familiar with OVC TTAC before today's visit.	1	2	3	4	5	NA
7. The information on this site met my goals.	1	2	3	4	5	NA
8. I am satisfied with the content of the site.	1	2	3	4	5	NA
9. I am satisfied with the appearance of the site.	1	2	3	4	5	NA
10. I will return to this site for my training and technical assistance needs.	1	2	3	4	5	NA

11. What could be done differently to improve the Web site?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.*

12. Do you have any other comments or suggestions?

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13. 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/Policy-making | _____  |

14. 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    | _____  |

15. 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 |

16. 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          | _____  |

17. 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 completing our Web Site Feedback Form. We value your input!**

**Review  
Responses**

**Submit  
Form**