

In order to help OVC TTAC better serve the field, we are reaching out to you to obtain your feedback on OVC TTAC materials. 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 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 users, presenters, OVC staff, OVC TTAC staff, and your employer will not have access to what you as an individual say. This survey is voluntary. If you have any questions about this survey or the evaluation, please contact TTACEval@icfi.com.

MATERIALS: *pre-printed information*

DATE DOWNLOADED/RECEIVED: *pre-printed formation*

1. Which of the following best describes the reason you obtained these materials? (**Mark one.**)

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.

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- Personal use/assist a family member/friend
 - For use in undergraduate coursework
 - For use in graduate coursework
 - To train colleagues
 - <TBD>
 - Other (please specify): _____

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22. What could have been done differently to improve the materials?

23. Do you have any other comments or suggestions?

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

25. Which of the following **best** describes the organization in which you work? **(Mark all that apply.)**

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- Community-Based/Grassroots
- Criminal Justice Agency
- Education
- Faith-Based

- Health Services
- Human/Social Services
- Legal Services
- Legislation/Policy-making

- Military
- Research
- Other (please specify):

26. Which types of victim services do **you** provide for crime victims in your current position? **(Mark all that apply.)**

- 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):

27. Which of the following **best** describes the number of years of experience you have in your field of work? **(Mark one.)**

- Less than 3 years
- 3 to 5 years

- 6 to 10 years
- More than 10 years

28. Which of the following **best** describes your primary role in your current position? **(Mark all that apply.)**

- Direct Delivery/Front Line Staff
- Management/Administrative Staff

- Consultant/Trainer
- Volunteer

Other (please specify):

29. Which of the following **best** describes the population you serve? **(Mark all that apply.)**

- National
- State
- Tribal
- International, list country:

- Local
 - Urban
 - Rural
 - Suburban
- Culturally specific population(s): _____