

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.)



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



2.	Approximately how many times have you used the materials six	nce you dowr	nloaded then	n?			
	□ I have not used it yet□ 1 time□ 2-3 times	□ 4-6 times □ 7+ times					
3.	Were the materials used as part of a larger training course?	\square Yes	\square No				
4.	Did you use the materials to deliver training? \Box Yes \Box N	lo					
5.	If you used these materials to train/teach others, how many peo	ple participat	ed in the trai	ining/class?			
	indicate the extent to which you agree or disagree with the following statements. IPONENT 1	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicabl
6. T	he materials addressed the critical issues related to the topic(s).	1	2	3	4	5	NA
	am satisfied with the content of the materials.	1	2	3	4	5	NA
8. I	am satisfied with the format of the materials.	1	2	3	4	5	NA
9. T	he materials were well-organized and clear.	1	2	3	4	5	NA
10. T	he materials were appropriate for my level of experience and nowledge.	1	2	3	4	5	NA
	he materials met my goals.	1	2	3	4	5	NA
12. I	am satisfied with the overall quality of the materials.	1	2	3	4	5	NA
COM	IPONENT 2	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicabl
13. T	he materials addressed the critical issues related to the topic(s).	1	2	3	4	5	NA
14. I	am satisfied with the content of the materials.	1	2	3	4	5	NA
15. I	am satisfied with the format of the materials.	1	2	3	4	5	NA
16. T	he materials were well-organized and clear.	1	2	3	4	5	NA
	he materials were appropriate for my level of experience and nowledge.	1	2	3	4	5	NA
18. T	he materials met my goals.	1	2	3	4	5	NA
19. I	am satisfied with the overall quality of the materials.	1	2	3	4	5	NA
20.	Do you plan to do any of the following as a result of using thes ☐ Share materials with colleagues ☐ Refer colleagues to other OVC TTAC events/ resources ☐ Train colleagues in content/skills learned at the event ☐ Enact policy changes at my organization ☐ Begin a new project or initiative ☐ Strengthen evaluation or needs assessment activities ☐ Modify outreach/marketing activities ☐ Change my management or leadership style	□ Expan □ Expan □ Expan □ Pursue □ Netwo	(Mark all the description of second types of second capacity/file additional pork with other collaboration of the	o new victimervices offere frequency of professional er participantorative relations from the following results of the fo	ed to vic services develop ts onships esources	etims to victims oment with other	orgs
	Please explain:						

21. What aspects of the materials were most helpful and why?



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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.)

Community-Based/Grassroots	Health Services	□ Military
Criminal Justice Agency	Human/Social Services	□ Research
Education	Legal Services	☐ Other (please specify):
Faith-Based	Legislation/Policymaking	

26.	Which types of victim services do <i>you</i> 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):
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27.	. Which of the following best describes the nur	mber of years of experience yo	ou have in your field of work? (Mark one.)

□ 3 to 5 years

□ 6 to 10 years
□ More than 10 years

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

Direct Delivery/Front Line Staff	□ Consultant/Trainer	☐ Other (please specify):
Management/Administrative Staff	Volunteer	
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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):		