

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. **Although this survey is voluntary, please note that completing this form is a requirement for receiving CEU credit./This survey is completely voluntary.** If you have any questions about this survey or the evaluation, please contact [TTACEval@icfi.com](mailto:TTACEval@icfi.com).

Which modules did you complete?

MODULE	Yes	No
1. Module X: Title	1	0
2. Module X: Title	1	0
3. Module X: Title	1	0
4. Module X: Title	1	0

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

MODULE X: Module Title	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
5. As a result of this module, I can ...	1	2	3	4	5	NA
6. As a result of this module, I can ...	1	2	3	4	5	NA
7. The learning objectives for this module were clearly stated.	1	2	3	4	5	NA
MODULE X: Module Title	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
8. As a result of this module, I can ...	1	2	3	4	5	NA
9. As a result of this module, I can ...	1	2	3	4	5	NA
10. The learning objectives for this module were clearly stated.	1	2	3	4	5	NA

11. Did the instructor provide feedback on the mastery of the learning objectives to participants?  Yes  No

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

PRESENTER 1 _____	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
12. The presenter demonstrated a comprehensive knowledge of the subject.	1	2	3	4	5	NA
13. The presenter clearly and logically presented the content.	1	2	3	4	5	NA
14. The presenter responded well to questions and comments.	1	2	3	4	5	NA
15. The presenter created a respectful environment for participants.	1	2	3	4	5	NA
PRESENTER 2 _____	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
16. The presenter demonstrated a comprehensive knowledge of the subject.	1	2	3	4	5	NA
17. The presenter clearly and logically presented the content.	1	2	3	4	5	NA
18. The presenter responded well to questions and comments.	1	2	3	4	5	NA
19. The presenter created a respectful environment for participants.	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 15 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.

Overall Session	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
20. The training clearly addressed the learning objectives.	1	2	3	4	5	NA
21. The training addressed the critical issues related to the topic(s).	1	2	3	4	5	NA
22. The time allotted was adequate for the scope of material covered.	1	2	3	4	5	NA
23. The training was well organized and clear.	1	2	3	4	5	NA
24. The material was appropriate for my level of experience and knowledge.	1	2	3	4	5	NA
25. The resource materials (handouts, audiovisuals, manual) enhanced the session.	1	2	3	4	5	NA
26. The assignments and/or coursework enhanced my learning.	1	2	3	4	5	NA
27. The training increased my knowledge related to the topic(s).	1	2	3	4	5	NA
28. The training increased my practical skills related to the topic(s).	1	2	3	4	5	NA
29. I will be able to apply what I learned in my work.	1	2	3	4	5	NA
30. The training will improve my ability to serve victims.	1	2	3	4	5	NA
31. The training will improve my ability to reach underserved victims.	1	2	3	4	5	NA
32. There was sufficient opportunity to network with others in the field.	1	2	3	4	5	NA
33. The interactive features and/or activities enhanced my experience.	1	2	3	4	5	NA
34. The technology was easy to use.	1	2	3	4	5	NA
35. The training met my goals.	1	2	3	4	5	NA
36. I am satisfied with the overall quality of the training.	1	2	3	4	5	NA

37. Why did you take this training?

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- Course requirement
- Job requirement
- Certification

- Personal learning/Professional development
- Other(s): \_\_\_\_\_

38. Do you plan to do any of the following as a result of participating in this OVC TTAC training? **(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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

40. What aspects of the training were most helpful and why?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

41. What could have been done differently to create a better training?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

42. Do you have any other comments or suggestions?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

- Health Services
- Human/Social Services
- Legal Services
- Legislation/Policymaking

- Military
  - Research
  - Other (please specify):
-

44. 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):  
\_\_\_\_\_

45. 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

46. 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):

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47. 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): \_\_\_\_\_

If you would be willing to participate in a **brief** followup survey in 3 months, please provide your e-mail: \_\_\_\_\_

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