

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](mailto:TTACEval@icfi.com). **Please complete this survey after you have used the materials.**

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

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- Personal use/assist a family member/friend
  - For use in undergraduate coursework
  - For use in graduate coursework
  - To train colleagues/faculty/victim service providers
  - To provide services to victims/perpetrators of crime
  - For use in program development/operations
  - Other (please specify): \_\_\_\_\_

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2. Approximately how many times have you used this resource?

- |                                                 |                                    |
|-------------------------------------------------|------------------------------------|
| <input type="checkbox"/> I have not used it yet | <input type="checkbox"/> 4-6 times |
| <input type="checkbox"/> 1 time                 | <input type="checkbox"/> 7+ times  |
| <input type="checkbox"/> 2-3 times              |                                    |

3. If you used these materials to train/teach others, how many people participated in the training/class? \_\_\_\_\_

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

COMPONENT 1 _____	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
4. The materials addressed the critical issues related to the topic(s).	1	2	3	4	5	NA
5. I am satisfied with the content of these materials.	1	2	3	4	5	NA
6. I am satisfied with the format of these materials.	1	2	3	4	5	NA
7. The materials were well-organized.	1	2	3	4	5	NA
8. The materials were clearly explained.	1	2	3	4	5	NA
9. The terminology included in the materials was used correctly.	1	2	3	4	5	NA
10. The materials increased my knowledge of the topic(s).	1	2	3	4	5	NA
11. The material was appropriate for my level of experience knowledge.	1	2	3	4	5	NA
12. The material was useful and relevant.	1	2	3	4	5	NA
13. This product/publication met my expectations.	1	2	3	4	5	NA
14. I am satisfied with the overall quality of the materials.	1	2	3	4	5	NA

15. Do you plan to do any of the following as a result of using these materials? **(Mark all that apply.)**

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Educate others in victim issues (i.e., students, victim service providers, perpetrators of crime)<br><input type="checkbox"/> Share materials with colleagues<br><input type="checkbox"/> Refer colleagues to other OVC TTAC events/ resources<br><input type="checkbox"/> Train colleagues in content/skills learned<br><input type="checkbox"/> Enact policy changes at my organization<br><input type="checkbox"/> Begin a new project or initiative<br><input type="checkbox"/> Strengthen evaluation or needs assessment activities<br><input type="checkbox"/> Modify outreach/marketing activities<br><input type="checkbox"/> Change my management or leadership style | <input type="checkbox"/> Expand services to <i>new victim populations</i><br><input type="checkbox"/> Expand <i>types of services</i> offered to victims<br><input type="checkbox"/> Expand <i>capacity/frequency</i> of services to victims<br><input type="checkbox"/> Pursue additional professional development<br><input type="checkbox"/> Network with other participants<br><input type="checkbox"/> Strengthen collaborative relationships with other organizations<br><input type="checkbox"/> Identify/pursue new funding resources<br><input type="checkbox"/> Other(s): _____ |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Please explain: \_\_\_\_\_

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

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

\_\_\_\_\_

18. In what ways could the materials have been improved?

\_\_\_\_\_

19. Is there additional information that should be included in the product/publication to make it more accurate and complete? If so, please explain below.

\_\_\_\_\_

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20. What modifications should be made to the product/publication (if any) to improve it and make it more relevant to your work and other individuals who work with you on this topic(s)?

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21. Do you have any other comments or suggestions?

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22. Are there any resources you would suggest we link to from the materials? If so, please provide the link if hosted online and provide a description below. If they are not hosted online, please email us a copy at [TTAC@ovcttac.org](mailto:TTAC@ovcttac.org)

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23. 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/Policymaking

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

24. 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):  
\_\_\_\_\_

25. 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

26. 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):  
\_\_\_\_\_

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

- I do not provide direct services
- National
- State
- Tribal
- International, list country: \_\_\_\_\_

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

28. What is your zip code: \_\_\_\_\_