

#### IV. DRAFT POST-TRAINING EVALUATION SURVEY

##### Feedback Set Preview

##### Set Name: Activity Evaluation SOAR Training

Please note that your comments within this Evaluation are anonymously coded with a unique identifier number. Completion of this evaluation in its entirety is required to receive Continuing Education (CE) credit. Please note that you will be receiving a second and final evaluation reminder in four days. If you have already completed the course evaluation by then, please disregard that follow-up message.

##### Pre-test

Rate your level of confidence in being able to:	
1. Describe the types of human trafficking in the United States	<input type="radio"/> Very Low <input type="radio"/> Low <input type="radio"/> Moderate <input type="radio"/> High <input type="radio"/> Very High
2. Recognize possible indicators of human trafficking	<input type="radio"/> Very Low <input type="radio"/> Low <input type="radio"/> Moderate <input type="radio"/> High <input type="radio"/> Very High
3. Demonstrate how to identify and respond to potential trafficking victims	<input type="radio"/> Very Low <input type="radio"/> Low <input type="radio"/> Moderate <input type="radio"/> High <input type="radio"/> Very High
4. Respond appropriately to potential human trafficking in your community	<input type="radio"/> Very Low <input type="radio"/> Low <input type="radio"/> Moderate <input type="radio"/> High <input type="radio"/> Very High

Rate your level of confidence in being able to:	
5. Share the importance of human trafficking awareness and responsiveness with others in your work environment	<input type="radio"/> Very Low <input type="radio"/> Low <input type="radio"/> Moderate <input type="radio"/> High <input type="radio"/> Very High

**Post-test**

## I. OVERALL ACTIVITY OBJECTIVES

Rate your level of confidence in being able to:	
1. Describe the types of human trafficking in the United States	<input type="radio"/> Very Low <input type="radio"/> Low <input type="radio"/> Moderate <input type="radio"/> High <input type="radio"/> Very High
2. Recognize possible indicators of human trafficking	<input type="radio"/> Very Low <input type="radio"/> Low <input type="radio"/> Moderate <input type="radio"/> High <input type="radio"/> Very High
3. Demonstrate how to identify and respond to potential trafficking victims	<input type="radio"/> Very Low <input type="radio"/> Low <input type="radio"/> Moderate <input type="radio"/> High <input type="radio"/> Very High
4. Respond appropriately to potential human trafficking in your community	<input type="radio"/> Very Low <input type="radio"/> Low <input type="radio"/> Moderate <input type="radio"/> High <input type="radio"/> Very High

Rate your level of confidence in being able to:	
5. Share the importance of human trafficking awareness and responsiveness with others in your work environment	<input type="radio"/> Very Low <input type="radio"/> Low <input type="radio"/> Moderate <input type="radio"/> High <input type="radio"/> Very High

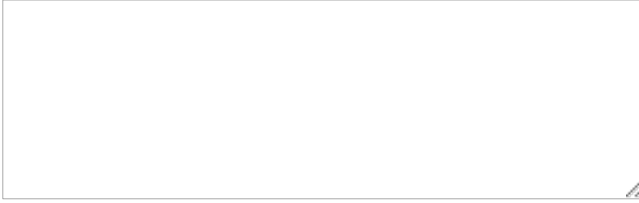
## II. COMMITMENT TO CHANGE

6. Which of the following SOAR tools and strategies do you commit to using in your work environment with regard to advocacy for potential victims of human trafficking? Please select all that apply:

- Add human trafficking topic to Meetings/Briefs/Huddles  
 Debrief others on this training  
 Encourage team members to speak up and challenge when appropriate  
 Share resources  
 Display tips and referral information in prominent work areas  
 None  
 Other (please explain):

7. Of these barriers listed below which do you believe will be a **SIGNIFICANT CHALLENGE** to keeping your commitment to change (check all that apply)?

- Lack of senior leadership support  
 Lack of frontline champions/coaches/trainers  
 Lack of frontline leadership support and accountability  
 Continuous turnover and shortages of key personnel  
 Competing priorities/Lack of urgency  
 Other (please explain):



### III. IMPACT OF TRAINING

8. I am confident that I will be able to use the knowledge and skills that I learned during SOAR training when I return to my job.

- Strongly Agree
- Agree
- Neutral/Moderate
- Disagree
- Strongly Disagree

### IV. COURSE CONTENT AND DELIVERY

9. This training activity met my educational needs.

- Strongly Agree
- Agree
- Neutral/Moderate
- Disagree
- Strongly Disagree

10. The educational materials provided during this training were useful.

- Strongly Agree
- Agree
- Neutral/Moderate
- Disagree
- Strongly Disagree

11. The activity provided appropriate and effective opportunities for active learning (e.g., case studies, discussion, Q&A, etc.)

- Strongly Agree
- Agree
- Neutral/Moderate
- Disagree
- Strongly Disagree

12. Overall were the instructors knowledgeable regarding the content?

- Yes
- No

13. How much did you learn as a result of this CE program?

A Great Deal

Very Little

14. How useful was the content of this CE program for your practice or other professional development?

Extremely Useful

Not Useful

15. What aspects of this training activity were most beneficial?

13. What could improve this training activity?

#### V. DISCLOSURE OF FINANCIAL RELATIONSHIPS

14. Were you provided disclosure of relevant financial relationships between faculty and commercial entities?

- Yes
- No
- Not Sure

15. Was there any bias in favor of a product present to the extent that the presentation was unbalanced or represented commercial promotion?

- Yes
- No
- Not Sure

## VI. PARTICIPANT AFFILIATION

16. How did you hear about the SOAR training?

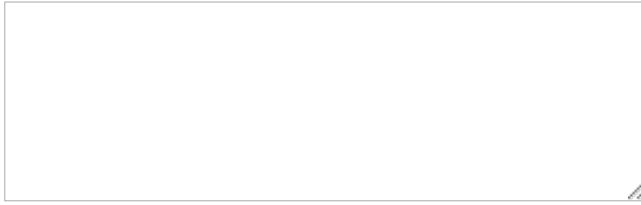
- Website
- Email
- Blog Post
- Social Media (Facebook, Twitter, etc.)
- Word of mouth
- Conference
- Other (please explain):

17. What professional continuing education (CE) credit are you requesting for this training activity?

- ACCME CME (Physicians Physicians Assistants Nurse Practitioners)
- ACHE (Healthcare Executives)
- ACPE (Pharmacists – Pharmacy Techs)
- ADA CERP (Dentists – Dental Technicians)
- ANCC CNE (Nurses Nurse Practitioners)
- APA (Psychologists - Social Workers - Marriage and Family Therapists)
- Non-Physician Medical Staff (EMT – Paramedics – Chiropractors – All other medical staff not meeting above professional requirements)
- IACET CEU (NonSpecific Continuing Education Unit)

18. At what type of facility do you primarily work? Please select only ONE.

- Hospital only
- Ambulatory Clinic only
- Both Hospital and Ambulatory Clinic
- Social Services Setting
- Other (please explain):



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