

In order to help OVC TTAC better serve the field, we are reaching out 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 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/users, consultants/presenters, OVC staff, OVC TTAC staff, and your employer will not have access to what you as an individual say. Your participation in 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).

EVENT: _____	SESSION: _____
LOCATION: _____	DATE(S): _____
PRESENTER(S): _____	

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

<b>PRESENTER/FACILITATOR 1:</b> _____	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
1. The presenter demonstrated a comprehensive knowledge of the subject.	1	2	3	4	5	NA
2. The presenter clearly and logically presented the content.	1	2	3	4	5	NA
3. The presenter responded well to questions and comments.	1	2	3	4	5	NA
4. The presenter created a respectful environment for participants.	1	2	3	4	5	NA
<b>PRESENTER/FACILITATOR 1:</b> _____	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
5. The presenter demonstrated a comprehensive knowledge of the subject.	1	2	3	4	5	NA
6. The presenter clearly and logically presented the content.	1	2	3	4	5	NA
7. The presenter responded well to questions and comments.	1	2	3	4	5	NA
8. The presenter created a respectful environment for participants.	1	2	3	4	5	NA
<b>OVERALL SESSION</b>	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
9. The session clearly addressed the learning objectives.	1	2	3	4	5	NA
10. The session addressed the critical issues related to the topic(s).	1	2	3	4	5	NA
11. The time allotted was adequate for the scope of material covered.	1	2	3	4	5	NA
12. The session was well organized and clear.	1	2	3	4	5	NA
13. The material was appropriate for my level of experience and knowledge.	1	2	3	4	5	NA
14. The resource materials (handouts, audiovisuals, PowerPoints) enhanced the session.	1	2	3	4	5	NA
15. The session increased my knowledge related to the topic(s).	1	2	3	4	5	NA
16. The session increased my practical skills related to the topic(s).	1	2	3	4	5	NA
17. I will be able to apply what I learned in my work.	1	2	3	4	5	NA
18. The session improved my ability to serve victims.	1	2	3	4	5	NA
19. The session improved my ability to reach underserved victims.	1	2	3	4	5	NA
20. The session met my goals.	1	2	3	4	5	NA
21. The technology was easy to use.	1	2	3	4	5	NA
22. As a result of this webinar, I can...						
23. As a result of this webinar, I can...						
24. I am satisfied with the overall quality of the session.	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 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](mailto:TTACEval@icfi.com) or 9300 Lee Highway, Fairfax, VA 22031.

25. Do you plan to do any of the following as a result of participating in this session? **(Mark all that apply.)**

- |   |  |
|---|--|
| <input type="checkbox"/> Share material 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/educate others in content/skills learned                         | <input type="checkbox"/> Expand <i>capacity/frequency</i> of services to victims |
| <input type="checkbox"/> Enact policy changes at my organization                                | <input type="checkbox"/> Strengthen evaluation or needs assessment activities    |
| <input type="checkbox"/> Begin a new project or initiative                                      | <input type="checkbox"/> Network with other participants                         |
| <input type="checkbox"/> Change my management, leadership, or interpersonal communication style | <input type="checkbox"/> Identify/pursue new funding resources                   |
| <input type="checkbox"/> Pursue additional professional development                             | <input type="checkbox"/> Implement/change financial procedures                   |
| <input type="checkbox"/> Develop/strengthen use of technology or infrastructure                 | <input type="checkbox"/> Modify outreach/marketing activities                    |
| <input type="checkbox"/> Develop/strengthen collaborative or strategic relationships            | <input type="checkbox"/> Develop/enhance vision, mission, or strategic plan      |
|   | <input type="checkbox"/> Other(s): _____   |

Please explain in detail any of these activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

27. What aspects of the session were most helpful and why?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

28. Where there any technical difficulties or issues with the audio/visual quality?  Yes  No

If **yes**, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

29. What could be done differently to improve the session?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

30. Do you have any other comments or suggestions?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Community-Based/Grassroots | <input type="checkbox"/> Health/Mental Health Services | <input type="checkbox"/> Military                |
| <input type="checkbox"/> Criminal Justice Agency    | <input type="checkbox"/> Human/Social Services         | <input type="checkbox"/> Research                |
| <input type="checkbox"/> Education                  | <input type="checkbox"/> Legal Services                | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Faith-Based                | <input type="checkbox"/> Legislation/Policy-making     | _____  |

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

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> I do not provide direct services | <input type="checkbox"/> Criminal Justice System Advocacy/Assistance | <input type="checkbox"/> Notification            |
| <input type="checkbox"/> Child Care                       | <input type="checkbox"/> Housing/Shelter                             | <input type="checkbox"/> Transportation          |
| <input type="checkbox"/> Compensation/Restitution         | <input type="checkbox"/> Information/Referral                        | <input type="checkbox"/> 24-Hour Hotline         |
| <input type="checkbox"/> Counseling                       | <input type="checkbox"/> Medical/SANE/SART                           | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Crisis Intervention              |  | _____  |

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

- Less than 3 years       3 to 5 years       6 to 10 years       More than 10 years

34. 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      \_\_\_\_\_

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

- National       Local  
 State       Urban  
 Tribal       Rural  
 International, list country: \_\_\_\_\_  
 Culturally specific populations(s): \_\_\_\_\_

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