*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 is in this survey is completely voluntary. If you have any questions about this survey or the evaluation, please contact TTACEval@icfi.com.* ***Please complete this survey after you have used the materials.***

MATERIALS: *pre-printed information*

DATE DOWNLOADED/RECEIVED: *pre-printed information*

1. Which of the following **best** describes the reason you obtained these materials? **(Mark one.)**

□ Personal use/assist a family member/friend □ To provide services to victims/perpetrators of crime

□ For use in undergraduate coursework □ For use in program development/operations

□ For use in graduate coursework □ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ To train colleagues/faculty/victim service providers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Was this resource used as part of a larger training/course? □ Yes □ No
2. Approximately how many times have you used this resource? **(Mark one.)**

□ I have not used it yet □ 2 – 3 times □ 7+ times

□ 1 time □ 4 – 6 times

1. 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** |
| 1. The materials addressed the critical issues related to the topic(s). | 1 | 2 | | 3 | 4 | 5 | NA |
| 1. I am satisfied with the content of these materials. | 1 | 2 | | 3 | 4 | 5 | NA |
| 1. I am satisfied with the format of these materials | 1 | 2 | | 3 | 4 | 5 | NA |
| 1. The materials were well-organized and clear. | 1 | 2 | | 3 | 4 | 5 | NA |
| 1. The terminology included in the materials was used correctly. | 1 | 2 | | 3 | 4 | 5 | NA |
| 1. The materials increased my knowledge related to the topic(s). | 1 | 2 | | 3 | 4 | 5 | NA |
| 1. The materials were appropriate for my level of experience knowledge. | 1 | 2 | | 3 | 4 | 5 | NA |
| 1. The materials were useful and relevant. | 1 | 2 | | 3 | 4 | 5 | NA |
| 1. The materials met my goals. | 1 | 2 | | 3 | 4 | 5 | NA |
| 1. I am satisfied with the overall quality of the materials. | 1 | 2 | | 3 | 4 | 5 | NA |
| COMPONENT 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Strongly Disagree** | | **Disagree** | Neither Agree nor Disagree | **Agree** | **Strongly Agree** | **Not Applicable** |
| 1. The materials addressed the critical issues related to the topic(s). | 1 | 2 | | 3 | 4 | 5 | NA |
| 1. I am satisfied with the content of these materials. | 1 | 2 | | 3 | 4 | 5 | NA |
| 1. I am satisfied with the format of these materials | 1 | 2 | | 3 | 4 | 5 | NA |
| 1. The materials were well-organized and clear. | 1 | 2 | | 3 | 4 | 5 | NA |
| 1. The terminology included in the materials was used correctly. | 1 | 2 | | 3 | 4 | 5 | NA |
| 1. The materials increased my knowledge related to the topic(s). | 1 | 2 | | 3 | 4 | 5 | NA |
| 1. The materials were appropriate for my level of experience knowledge. | 1 | 2 | | 3 | 4 | 5 | NA |
| 1. The materials were useful and relevant. | 1 | 2 | | 3 | 4 | 5 | NA |
| 1. The materials met my goals. | 1 | 2 | | 3 | 4 | 5 | NA |
| 1. I am satisfied with the overall quality of the materials. | 1 | 2 | | 3 | 4 | 5 | NA |

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

□ Share material with colleagues □ Expand services to *new victim populations*

□ Refer colleagues to other OVC TTAC events/resources □ Expand *types of services* offered to victims

□ Train/educate others in content/skills learned □ Expand *capacity/frequency* of services to victims

□ Enact policy changes at my organization □ Strengthen evaluation or needs assessment activities

□ Begin a new project or initiative □ Network with other participants

□ Change my management, leadership, or □ Identify/pursue new funding resources

interpersonal communication style □ Implement/change financial procedures

□ Pursue additional professional development □ Modify outreach/marketing activities

□ Develop/strengthen use of technology or infrastructure □ Develop/enhance vision, mission, or strategic plan

□ Develop/strengthen collaborative or strategic relationships □ Other(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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1. Would you recommend OVC TTAC to others? □ Yes □ No
2. What aspects of the materials were most helpful and why?

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1. What could be done differently to improve the materials?

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1. Do you have any other comments or suggestions?

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1. 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.

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

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

□ Community-Based/Grassroots □ Health/Mental Health Services □ Military

□ Criminal Justice Agency □ Human/Social Services □ Research

□ Education □ Legal Services □ Other (please specify):

□ Faith-Based □ Legislation/Policymaking \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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 □ Criminal Justice System □ Notification

□ Child Care Advocacy/Assistance □ Transportation

□ Compensation/Restitution □ Housing/Shelter □ 24-Hour Hotline

□ Counseling □ Information/Referral □ Other (please specify):

□ Crisis Intervention □ Medical/SANE/SART \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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

1. 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

□ National □ Local

□ State □ Urban

□ Tribal □ Rural

□ International, list country: □ Suburban

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Culturally specific populations(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your zip code? \_\_\_\_\_\_\_\_\_\_\_\_\_\_