

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. **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.)**

<input type="checkbox"/> Personal use/assist a family member/friend <input type="checkbox"/> For use in undergraduate coursework <input type="checkbox"/> For use in graduate coursework <input type="checkbox"/> To train colleagues/faculty/victim service providers	<input type="checkbox"/> To provide services to victims/perpetrators of crime <input type="checkbox"/> For use in program development/operations <input type="checkbox"/> Other (please specify): _____ _____
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
2. Was this resource used as part of a larger training/course? Yes No
3. Approximately how many times have you used this resource? **(Mark one.)**

<input type="checkbox"/> I have not used it yet	<input type="checkbox"/> 2 – 3 times	<input type="checkbox"/> 7+ times
<input type="checkbox"/> 1 time	<input type="checkbox"/> 4 – 6 times	
4. 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
5. The materials addressed the critical issues related to the topic(s).	1	2	3	4	5	NA
6. I am satisfied with the content of these materials.	1	2	3	4	5	NA
7. I am satisfied with the format of these materials	1	2	3	4	5	NA
8. The materials were well-organized and clear.	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 related to the topic(s).	1	2	3	4	5	NA
11. The materials were appropriate for my level of experience knowledge.	1	2	3	4	5	NA
12. The materials were useful and relevant.	1	2	3	4	5	NA
13. The materials met my goals.	1	2	3	4	5	NA
14. 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
15. The materials addressed the critical issues related to the topic(s).	1	2	3	4	5	NA
16. I am satisfied with the content of these materials.	1	2	3	4	5	NA
17. I am satisfied with the format of these materials	1	2	3	4	5	NA
18. The materials were well-organized and clear.	1	2	3	4	5	NA
19. The terminology included in the materials was used correctly.	1	2	3	4	5	NA
20. The materials increased my knowledge related to the topic(s).	1	2	3	4	5	NA
21. The materials were appropriate for my level of experience knowledge.	1	2	3	4	5	NA
22. The materials were useful and relevant.	1	2	3	4	5	NA
23. The materials met my goals.	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 or 9300 Lee Highway, Fairfax, VA 22031.

24. I am satisfied with the overall quality of the materials.	1	2	3	4	5	NA
---------------------------------------------------------------	---	---	---	---	---	----

25. Do you plan to do any of the following as a result of using these materials? **(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 materials were most helpful and why?

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

29. Do you have any other comments or suggestions?

30. 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.

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/Policymaking | _____ |

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 | <input type="checkbox"/> Notification |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Advocacy/Assistance | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Compensation/Restitution | <input type="checkbox"/> Housing/Shelter | <input type="checkbox"/> 24-Hour Hotline |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Information/Referral | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Medical/SANE/SART | _____ |

Thank you for taking the time to complete this form and helping to improve OVC TTAC activities. If you would be willing to help promote these curriculum materials, please provide your e-mail: _____

-
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: _____ Suburban
 Culturally specific populations(s): _____
36. What is your zip code? _____

Thank you for taking the time to complete this form and helping to improve OVC TTAC activities. If you would be willing to help promote these curriculum materials, please provide your e-mail: _____