*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.*

Completing this feedback form is a **requirement** for support recipients and voluntary for those not awarded support. If you were awarded conference support, please print your name in the space provided so that your completion of this requirement can be noted. The confidentiality of your responses is guaranteed.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part I. OVC Scholarship Program**

1. How did you hear about this OVC Scholarship Program? **(Mark all that apply.)**

□ Via the OVC TTAC Website □ Via another organization

□ Via an exhibit or presentation at a conference □ Via a colleague or friend

□ Via the OVC TTAC Listserv □ Via a publication or newsletter

□ Via my OVC program monitor or other OVC staff person □ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What month and year did you apply? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Were you awarded an OVC Professional Development Scholarship? □ Yes □ No

If ***yes***, would you have been able to attend the desired training without a scholarship?

□ Yes □ No □ N/A

If ***no***, were you or will you be able to attend the desired training without a scholarship?

□ Yes □ No □ N/A

1. Would you recommend the OVC Professional Development Scholarship to others? □ Yes □ No

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| APPLICATION PROCESS | **Strongly Disagree** | **Disagree** | Neither Agree nor Disagree | **Agree** | **Strongly Agree** | **Not Applicable** |
| 1. OVC TTAC was responsive to my questions and needs.
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The application was easy to complete.
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The application instructions clearly explained the eligibility requirements.
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The application instructions clearly explained the expenses covered under the program.
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. I am satisfied with the notification process.
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. I am satisfied with the overall application process by OVC TTAC.
 | 1 | 2 | 3 | 4 | 5 | NA |

1. What could be done differently to improve the application process?

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

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1. Do you have any other comments or suggestions about the application process?

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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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part II. Event Feedback**

*Only complete this section if you were* ***awarded*** *a scholarship. Please not this section of the feedback form is NOT confidential in order to help the OVC TTAC scholarship team make future decisions regarding similar events.*

1. Please provide the following information about the event you attended that was funded by scholarships funds:

Event title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| OVERALL EVENT | **Strongly Disagree** | **Disagree** | Neither Agree nor Disagree | **Agree** | **Strongly Agree** | **Not Applicable** |
| 1. The event addressed the critical issues related to the topic(s).
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The material was appropriate for my level of experience and knowledge.
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The event increased my knowledge related to the topic(s).
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The event increased my practical skills related to the topic(s).
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. I will be able to apply what I learned in my work.
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The event improved my ability to serve victims.
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The event improved my ability to reach underserved victims.
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The event improved my ability to collaborate with others.
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The event met my goals.
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. I am satisfied with the overall quality of the event.
 | 1 | 2 | 3 | 4 | 5 | NA |

1. At which type of event was the training held? **(Mark all that apply.)**

□ National conference □ Local conference

□ State/regional conference □ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you plan to do any of the following as a result of participating in this event? **(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. What aspects of the event were most helpful and why?

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

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1. Do you have any other comments or suggestions about the event?

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