

In order to help OVC TTAC better serve the field, we are reaching out to you and other scholarship applicants 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 Needs Assessment and 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, presenters, OVC staff, OVC TTAC staff, and your employer will not have access to what you as an individual say. If you have any questions about this survey or the evaluation, please contact TTACEval@icfi.com.

Completing this feedback form is a requirement for scholarship recipients and voluntary for those not awarded scholarships. If you were awarded a scholarship, 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 the OVC Professional Development Scholarship Program? (Mark all that apply.)

- OVC TTAC Web site
- OVC TTAC event
- OVC TTAC Listserv
- Referred by another organization
- Referred by a colleague or friend
- Other(s): _____

2. What month and year did you apply? _____

3. 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

4. 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
5. OVC TTAC was responsive to my questions and needs.	1	2	3	4	5	NA
6. The application was easy to complete.	1	2	3	4	5	NA
7. The application instructions clearly explained the eligibility requirements.	1	2	3	4	5	NA
8. The application instructions clearly explained the expenses covered under the program.	1	2	3	4	5	NA
9. I was satisfied with the notification process.	1	2	3	4	5	NA
10. I am satisfied with the overall application process by OVC TTAC.	1	2	3	4	5	NA

11. What could have been done differently to improve the application process?

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

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.



13. 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 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 | _____ |

14. 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"/> Shelter |
| <input type="checkbox"/> Compensation/Restitution | <input type="checkbox"/> Medical Assistance | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> 24-Hour Hotline | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Information/Referral | _____ |

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

- | | |
|--|---|
| <input type="checkbox"/> Less than 3 years | <input type="checkbox"/> 6 to 10 years |
| <input type="checkbox"/> 3 to 5 years | <input type="checkbox"/> More than 10 years |

16. Which of the following **best** describes your primary role in your current position? (Mark all that apply.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Direct Delivery/Front Line Staff | <input type="checkbox"/> Consultant/Trainer | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Management/Administrative Staff | <input type="checkbox"/> Volunteer | _____ |

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

- | | |
|---|---|
| <input type="checkbox"/> National | <input type="checkbox"/> Local |
| <input type="checkbox"/> State | <input type="checkbox"/> Urban |
| <input type="checkbox"/> Tribal | <input type="checkbox"/> Rural |
| <input type="checkbox"/> International, list country: _____ | <input type="checkbox"/> Suburban |
| | <input type="checkbox"/> Culturally specific population(s): _____ |

Part II. Event Feedback

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

18. Please provide the following information about the event you attended that was funded by scholarship 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
19. The event addressed the critical issues related to the topic(s).	1	2	3	4	5	NA
20. The material was appropriate for my level of experience and knowledge.	1	2	3	4	5	NA
21. The event increased my knowledge related to the topic(s).	1	2	3	4	5	NA
22. The event increased my practical skills related to the topic(s).	1	2	3	4	5	NA
23. I will be able to apply what I learned in my work.	1	2	3	4	5	NA
24. The event improved my ability to serve victims.	1	2	3	4	5	NA
25. The event improved my ability to reach underserved victims.	1	2	3	4	5	NA
26. The event improved my ability to collaborate with others in the field.	1	2	3	4	5	NA
27. The event met my goals.	1	2	3	4	5	NA
28. I am satisfied with the overall quality of the event.	1	2	3	4	5	NA



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

- | | |
|--|---|
| <input type="checkbox"/> National conference | <input type="checkbox"/> Local conference |
| <input type="checkbox"/> State/regional conference | <input type="checkbox"/> Other: _____ |

30. Do you plan to do any of the following as a result of attending this event? **(Mark all that apply.)**

- | | |
|---|--|
| <input type="checkbox"/> Train colleagues in content/skills learned at the event
(required) | <input type="checkbox"/> Expand services to <i>new victim populations</i> |
| <input type="checkbox"/> Share materials with colleagues | <input type="checkbox"/> Expand <i>types of services</i> offered to victims |
| <input type="checkbox"/> Refer colleagues to other OVC TTAC events/resources | <input type="checkbox"/> Expand <i>capacity/frequency</i> of services to victims |
| <input type="checkbox"/> Enact policy changes at my organization | <input type="checkbox"/> Pursue additional professional development |
| <input type="checkbox"/> Begin a new project or initiative | <input type="checkbox"/> Network with other participants |
| <input type="checkbox"/> Strengthen evaluation or needs assessment activities | <input type="checkbox"/> Strengthen collaborative relationships with other orgs |
| <input type="checkbox"/> Modify outreach/marketing activities | <input type="checkbox"/> Identify/pursue new funding resources |
| <input type="checkbox"/> Change my management or leadership style | <input type="checkbox"/> Other(s): _____ |

Please explain:

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