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## OJJDP NATIONAL TRAINING AND TECHNICAL ASSISTANCE CENTER

### TA PROVIDERS NETWORK SURVEY

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*The purpose of this survey is to better understand the quality and impact of OJJDP's activities and initiatives to support the TTA Provider Network, and to solicit suggestions for improvement. Your participation in this survey is entirely voluntary. The survey should take about 10 minutes to complete. If you have any questions, please contact Christine Leicht, OJJDP NTTAC Evaluation Manager at [Christine.Leicht@icfi.com](mailto:Christine.Leicht@icfi.com).*

1. Please select any of the OJJDP TTA Provider Network Workgroups of which you are a member (This question will inform which of the follow-up questions they receive using branching in the online survey):
  - a. Training and TA Requests Workgroup (we will insert all current workgroups as of survey date)
  - b. Research and Evaluation Workgroup
  - c. Webinar Workgroup
  - d. Online Training/Training Center Workgroup
  - e. Marketing/Website Workgroup
  - f. I do not participate in any Workgroups
2. Have you participated in any OJJDP TTA Provider Network meetings/Webinars in the past 12 months?
  - a. Yes (If yes, they will receive questions 3 and 4, if no, they will skip to 5)
  - b. No
3. How often have you participated in OJJDP TTA Provider' Network meetings/Webinars since <insert date>?
  - a. At least once every month
  - b. At least once every few months
  - c. At least once in the past 6 months
  - d. At least once in the past year
4. How useful were the TTA Network meetings/Webinars?
  - a. Very useful (please explain: \_\_\_\_\_)
  - b. Somewhat Useful (please explain: \_\_\_\_\_)
  - c. Not at all useful (please explain: \_\_\_\_\_)
5. Have you used the <insert NTTAC activity/tool; e.g. Online Training Center> since <insert date since latest development on that particular tool has been updated/installed>? (If yes, they will be asked to answer the question 6, if not, they will skip that question)
  - a. Yes
  - b. No
6. Is the <insert NTTAC activity/tool; e.g. Online Training Center> helping you to feel more connected/improving your ability to collaborate with other providers?

*If you have TTA or resources you'd like to share on the OJJDP Training Center, please submit to: [tta@nttac.org](mailto:tta@nttac.org)*

*This survey will be offered online; however, in the case of paper surveys please send completed evaluation forms to:  
Christine Leicht, OJJDP NTTAC Evaluation Manager, [Christine.Leicht@icfi.com](mailto:Christine.Leicht@icfi.com)*



7. Please rate the following statement on a scale of 1 to 5: *As a result of my involvement in the OJJDP TTA Provider Network, I have been able to make meaningful connections with other TTA providers.*

|  |          |  |          |  |
|--|----------|--|----------|--|
| <b>1</b>                                     | <b>2</b> | <b>3</b>                                       | <b>4</b> | <b>5</b>                                       |
| <i>I have made no meaningful connections</i> |          | <i>I have made some meaningful connections</i> |          | <i>I have made many meaningful connections</i> |

Please explain your answer to question 7:

8. Thinking back to the beginning of your involvement with the OJJDP TTA Provider Network, how would you describe the level of collaboration among TA Providers? (Did TA Providers talk to each other? Did they share information/resources with each other?)
9. How would you describe the current level of collaboration among TA Providers? *(We will insert appropriate response choices based upon current collaboration levels as of survey date)*
10. What activities/events hindered collaboration among TA Providers? *(optional – for future years)*
11. If the OJJDP TA Providers’ Network did not exist, what impact would this have on the TTA community? *(optional – for future years)*
12. Are you seeing an increased number of attendees/participants at your trainings/Webinars/activities or an increased use of your resources as a result of your involvement in the OJJDP TTA Provider Network? *(optional – for future years)*
13. Looking ahead, what additional activities can the TA Providers’ Network undertake to further collaboration and information sharing that would be useful to members?

**Work Group Questions 14-19** *(We will have a duplicate set of questions for each active workgroup as of survey date. Each respondent will only complete relevant questions for their role)*

**<insert name> Workgroup**

| 14. Please rate your agreement with the following statements:  | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|--|-------------------|----------|----------------------------|-------|----------------|
| I understand the goals of the <insert name> Work Group. <i>(optional)</i>  | SD                | D        | N                          | A     | SA             |
| The goals of the <insert name> Work Group are being met. <i>(optional – may ask directly about each work group goal individually)</i>                    | SD                | D        | N                          | A     | SA             |
| Because of my participation with the <insert name> Work Group, I collaborate more with other TA Providers than I would have otherwise. <i>(optional)</i> | SD                | D        | N                          | A     | SA             |

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|   |    |   |   |   |    |
|---|----|---|---|---|----|
| The information I obtain from the <insert name> Work Group is relevant/useful. (optional) | SD | D | N | A | SA |
|---|----|---|---|---|----|

15. Overall, do you feel that the activities of the <insert name> Work Group are relevant and useful for your efforts to provide effective TTA to the field?

- Very useful - Please explain: \_\_\_\_\_
- Useful - Please explain: \_\_\_\_\_
- Somewhat Useful - Please explain: \_\_\_\_\_
- Not Useful - Please explain: \_\_\_\_\_

16. What do you think are the most important activities the <insert name> Work Group should be prioritizing?

17. How often should the <insert name> Work Group meet? (optional)

- Once a week
- Twice a month
- Every other month
- On a quarterly basis

18. Please provide an example of how your participation in the <insert name> Work Group has enhanced the work of your TA Project? (optional)

19. Please provide any comments or suggestions on how the <insert name> Work Group can be improved. (optional)

20. OJJDP's current action plan was based on <suggestions from the TTA network meeting on October 4-5, 2012 in Washington DC>. Please help OJJDP focus their efforts on the following remaining action items by selecting the top three action items that you would like OJJDP to focus on in the next X months <provide dropdowns or have them rank the top three in a list:

- |                  |                  |                        |
|------------------|------------------|------------------------|
| a. Action Item 1 | c. Action Item 3 | e. Action Item 5       |
| b. Action Item 2 | d. Action Item 4 | f. Action Item 6, etc. |

21. How often would you like to meet in person with OJJDP staff and fellow TTA Providers? (optional)

- OJJDP Staff: \_\_\_\_\_
- Fellow TA Providers: \_\_\_\_\_

Optional Questions that may be utilized as needed:

22. Please provide information regarding your TA project's capacity and needs around the following issues:

- Issue 1: <please explain>
- Issue 2: <please explain>
- Issue 3: <please explain>

23. Please provide your TA Project's experience with the following tools/resources:

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- a. Tool/Resource 1: <please explain>
- b. Tool/Resource 2: <please explain>
- c. Tool/Resource 3: <please explain>

24.

|  |   |   |
|--|---|---|
| The following tools are available to <purpose>. For each item, please indicate whether or not you have used it and, if applicable, how you intend to use the tool to improve your work.* |   |   |
| Please select which tools you have used.   | Tell us how you used this tool to <insert purpose of interest>. | Provide any comments or suggestions you have about this tool. |
| <input type="checkbox"/> tool/resource (e.g. widgets, etc.)  |   |   |
| <input type="checkbox"/> tool/resource   |   |   |
| <input type="checkbox"/> tool/resource   |   |   |
| <input type="checkbox"/> tool/resource   |   |   |
| <input type="checkbox"/> tool/resource   |   |   |

25.

|   |   |   |
|---|---|---|
| Did you access any of the following <insert features (e.g., information and resources, trainings)> on < insert tool/resource (e.g., OJJDP's Online University)>? If so, please indicate which resource and, if applicable, how you intend to share or use the information in your work. |   |   |
| Please select each training/resource you have accessed. (Check all that apply.)   | Tell us how you intend to use the training/resource in your work. | Provide any comments or suggestions you have about the training/resource. |
| <input type="checkbox"/> name   |   |   |
| <input type="checkbox"/> name   |   |   |
| <input type="checkbox"/> name   |   |   |

26. Please describe collaborative resources that would be helpful for improving the OJJDP TTA Network?

27. How useful are the <insert resources>?

- Very useful (*Please explain.*) \_\_\_\_\_
- Useful (*Please explain.*) \_\_\_\_\_
- Somewhat useful (*Please explain.*) \_\_\_\_\_
- Not at all useful (*Please explain.*) \_\_\_\_\_

28. Please describe additional <insert features, resources, etc.> that you would like to see offered?

*Thank you for your participation.*

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