*In order to help the National Human Trafficking Training and Technical Assistance Center (NHTTAC) 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, including reporting all information in aggregate to avoid identifying information. Only members of the NHTTAC Evaluation Team have access to information that could identify respondents. If you have any questions about this survey or the evaluation, please contact* *Janine.Crossman@icf.com**.*

**Please provide the information below to create an anonymous ID:**

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

Birth Month                       First letter of first name             First letter of your middle name

(insert just the month         (example: S for Sara)                 (example: M for Maria)

for your *date of birth*,

example: 08 for August)

***Please rate the extent to which to you agree or disagree that the fellowship program has helped you achieve the following objectives. This program has increased my…***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Objectives**  | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** | **Not Applicable** |
| 1. [insert objective here].
 | 1 | 2 | 3 | 4 | NA |
| 1. KNOWLEDGE: Grow participant understanding of human trafficking programs, nonprofits, government, public health systems, and other processes and services that can help catalyze positive change.
 | 1 | 2 | 3 | 4 | NA |
| 1. TRUST: Increase the level of trust and reciprocity between survivors and the agencies and institutions committed to their success.
 | 1 | 2 | 3 | 4 | NA |
| 1. NETWORK: Cultivate a thriving leadership network of survivors and human trafficking professionals that work across organizational and geographic boundaries.
 | 1 | 2 | 3 | 4 | NA |
| 1. CONTRIBUTION: Create relevant and usable resources and tools that enhance trauma-informed and survivor-centered OTIP grant programming.
 | 1 | 2 | 3 | 4 | NA |
| 1. SKILLS: Empower emerging leaders with leadership skills and training to lead themselves and their communities forward.
 | 1 | 2 | 3 | 4 | NA |

***Please rate your level of confidence with the following after participating in this program:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Skill Development  | **Not at All Confident** | **Not Confident** | Confident | **Very Confident** |
| 1. My leadership ability.
 | 1 | 2 | 3 | 4 |
| 1. My skills and knowledge about trauma-informed practices.
 | 1 | 2 | 3 | 4 |
| 1. My skills and knowledge about survivor-informed practices.
 | 1 | 2 | 3 | 4 |
| 1. My skills and knowledge about current evidence-based or promising practices.
 | 1 | 2 | 3 | 4 |
| 1. My skills and knowledge about a multidisciplinary approach to addressing human trafficking.
 | 1 | 2 | 3 | 4 |
| 1. My skills and knowledge about a public health approach to addressing human trafficking.
 | 1 | 2 | 3 | 4 |
| 1. My connection to colleagues, professionals, and human trafficking experts.
 | 1 | 2 | 3 | 4 |
| 1. My knowledge of human trafficking programs, nonprofits, government, and public health systems.
 | 1 | 2 | 3 | 4 |
| 1. My ability to collaborate across human trafficking programs or initiatives.
 | 1 | 2 | 3 | 4 |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NHTTAC STAFF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** | **Not Applicable** |
| The planning support provided by NHTTAC prior to the beginning of the fellowship program was helpful. | 1 | 2 | 3 | 4 | NA |
| The onsite support provided by NHTTAC during the in-person trainings was helpful. | 1 | 2 | 3 | 4 | NA |
| The interim support and check-ins provided by NHTTAC staff between seminars was helpful. | 1 | 2 | 3 | 4 | NA |
| I am satisfied with the overall support provided by NHTTAC staff throughout the fellowship program. | 1 | 2 | 3 | 4 | NA |
| Facilitator 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** | **Not Applicable** |
| 1. The facilitator’s knowledge and expertise were appropriate for this program.
 | 1 | 2 | 3 | 4 | NA |
| 1. The facilitator responded positively to questions and comments.
 | 1 | 2 | 3 | 4 | NA |
| 1. The facilitator created a respectful environment for participants.
 | 1 | 2 | 3 | 4 | NA |
| 1. The facilitator encouraged and initiated helpful discussions.
 | 1 | 2 | 3 | 4 | NA |
| Facilitator 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** | **Not Applicable** |
| 1. The facilitator’s knowledge and expertise were appropriate for this program.
 | 1 | 2 | 3 | 4 | NA |
| 1. The facilitator responded positively to questions and comments.
 | 1 | 2 | 3 | 4 | NA |
| 1. The facilitator created a respectful environment for participants.
 | 1 | 2 | 3 | 4 | NA |
| 1. The facilitator encouraged and initiated helpful discussions.
 | 1 | 2 | 3 | 4 | NA |

1. Please rate the overall quality of the HTLA.

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **2** | **3** | **4** |
| *Poor* | *Fair* | *Good* | *Excellent* |

1. Would you recommend NHTTAC to others to receive T/TA? □ Yes □ No

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Overall Feedback | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** | **Not Applicable** |
| 1. The time allotted was adequate for the scope of the initiative.
 | 1 | 2 | 3 | 4 | NA |
| 1. The program was well organized.
 | 1 | 2 | 3 | 4 | NA |
| 1. This program met my professional needs.
 | 1 | 2 | 3 | 4 | NA |
| 1. This program met my educational needs.
 | 1 | 2 | 3 | 4 | NA |
| 1. The materials provided during this program were useful.
 | 1 | 2 | 3 | 4 | NA |
| 1. The format of the program contributed to a positive learning environment.
 | 1 | 2 | 3 | 4 | NA |
| 1. The format of the program provided ample opportunity and encouragement for participants to interact meaningfully with each other.
 | 1 | 2 | 3 | 4 | NA |
| 1. The content was trauma-informed.
 | 1 | 2 | 3 | 4 | NA |
| 1. I am confident the knowledge and skills that I learned will be useful for my practice and/or for my professional development.
 | 1 | 2 | 3 | 4 | NA |
| 1. I will be able to apply what I learned in my work.
 | 1 | 2 | 3 | 4 | NA |
| 1. The program improved my ability to serve people who are currently being trafficked, at risk of trafficking, or have been trafficked.
 | 1 | 2 | 3 | 4 | NA |
| 1. This program will help me collaborate with various professionals across the human trafficking field.
 | 1 | 2 | 3 | 4 | NA |
| 1. I will share the information I learned at the training with my colleagues and peers.
 | 1 | 2 | 3 | 4 | NA |

1. What are the top three ways you improved your effectiveness as a leader?

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***Please rate the overall quality of each session of the Human Trafficking Leadership Academy:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| OVERALL QUALITY | **Poor** | **Fair** | **Good** | **Excellent** | **Not Applicable** |
| 1. HTLA Seminar 1
 | 1 | 2 | 3 | 4 | NA |
| 1. HTLA Seminar 2
 | 1 | 2 | 3 | 4 | NA |
| 1. HTLA Seminar 3
 | 1 | 2 | 3 | 4 | NA |
| 1. HTLA Seminar 4
 | 1 | 2 | 3 | 4 | NA |

1. What insights and experiences did you contribute to the other fellows' learning experiences during the program?

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

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1. What contributions did the other fellows make toward your learning experience?

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

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1. How did working with [grantees/survivors] impact your professional experience?

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

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1. How has your professional network changed through participating in this program? **(Mark all that apply.)**
* Increased the number of professionals working to address human trafficking
* Increased the number professionals with similar professional goals
* Met professionals who are in my geographical area
* Met professionals that I could collaborate with in future endeavors
* Met professionals that I could develop a meaningful working relationship with
* Met professionals that I could develop a close friendship with
* Met professionals who are acquaintances or knows some of my other colleagues
* Met professionals that have skill-sets that are complementary to mine
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Do you anticipate doing any of the following as a result of participating in this program? **(Mark all that apply.)**
* Change my management/leadership or interpersonal communication style
* Further develop skills and knowledge about serving people who are currently being trafficked, at risk of trafficking, or have been trafficked
* Write grants/fundraise/identify new funding resources
* Advocate or meet with leadership of my organization to develop/enhance vision, mission, or strategic plan
* Advocate or meet with leadership of my organization to develop/enact policy changes at my organization
* Improve programs/practices
* Improve technology/websites/infrastructure
* Integrate victim-centered, survivor-informed strategies
* Expand services or types of services
* Begin a new project or initiative
* Develop/strengthen collaborative or strategic relationships
* Network with other participants
* Share materials with colleagues
* Provide information to clients/families/youth
* Train/educate others in content/skills learned
* Raise public awareness/advocacy/outreach activities offered to people who are currently being trafficked, at risk of trafficking, or have been trafficked
* Refer colleagues to NHTTAC events/resources
* Conduct research
* Strengthen evaluation or needs assessment activities
* Improve identification and reporting methods for trafficking
* Take additional training on human trafficking
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Of the barriers listed below, which do you believe will be a **significant** challenge to performing the activities you selected in the previous question? (**Mark all that apply.**)
* Lack of senior leadership support
* Lack of frontline support and accountability
* Continuous turnover
* Shortages of key personnel
* Competing priorities
* Inaccessible research and/or information
* Lack of urgency
* Lack of shared responsibility across organizational collaboration
* Improve my own leadership or professional development skills
* Difficulty in establishing and/or maintaining a multi-disciplinary team
* Need for partnership building with other organizations
* Variation in mission and regulatory frameworks when partnering with other organizations
* Lack of information and/or data sharing among organizations
* Lack of time to implement changes
* Lack of training for staff in how to implement change
* Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Please list any other professional goals you have achieved through this program:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1. What aspects of the HTLA were most helpful and why?

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

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1. What else did you hope to achieve through participating in this program?

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

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1. Overall, what are the program’s strengths?

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

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

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

1. Which of the following **best** describes the organization in which you work? **(Mark all that apply.)**
* I am not associated with an organization
* Academic institution
* Anti-trafficking organization
* Business/For-profit organization
* Coalition/Multidisciplinary team/Task force
* Federal government
* Faith-based organization
* State and local government
* Nonprofit/Community-based organization
* OTIP grantee
* Self-employed
* Survivor-led organization
* Tribal government
* Union/Worker advocacy organization
* Victim service provider
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Which of the following **best** describes your professional capacity or types of services you provide? **(Mark all that apply.)**
* Behavioral health professional (e.g., psychologist, psychiatrist, mental health/substance use counselor)
* Child welfare (e.g., state agency staff, child welfare contractor, nonprofit personnel)
* Corrections-based services (e.g., parole, probation)
* Criminal justice (e.g., law enforcement, prosecutor, probation, court, forensic interviewer)
* Educator (e.g., teacher, professor, school administrator)
* Health care (e.g., physician, physician assistant, nurse practitioner, dentist, nurse, pharmacist)
* Housing (e.g., case worker, shelter director, public housing authority agencies)
* Legal (e.g., immigration, civil and/or rights-based attorney and/or paralegal, clinic)
* Public health (e.g., licensure board, health department staff, health care executive, community health workers)
* Social worker (e.g., case manager, school counselor, supervisor, administrator)
* Survivor empowerment, mentoring, or peer to peer
* Violence prevention (e.g., Child abuse and neglect; elder abuse; domestic violence, sexual violence, youth violence)
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Is your organization responsible for working with people who are currently being trafficked or have been trafficked?

□ Yes □ No

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?

□ Direct delivery/frontline staff □ Consultant/Trainer □ Administration

□ Management □ Volunteer □ Peer Educator

□ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In your professional capacity, how frequently do you come into contact with people who are currently being trafficked, at risk of trafficking, or have been trafficked?

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **2** | **3** | **4** |
| *Never* | *Occasionally* | *Frequently* | *All the Time* |

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

□ National □ Local □ Not Applicable

□ State (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Urban

□ Tribal □ Rural

□ International (please specify country): □ Suburban

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

1. Please select any of the following populations you currently work with in a professional capacity (**Mark all that apply.**)

Human trafficking

Commercial sexual exploitation of children

Sex trafficking

Adults

Minors

Labor trafficking

Adults

Minors

Children/youth

Out of home/Foster care/Kinship care

Juvenile justice

Runaway/Homeless youth

People with disabilities

Deaf/Hearing impaired

Elderly

Lesbian, gay, bisexual, transgender, and questioning

Foreign nationals (migrant workers, undocumented immigrants, refugees)

People with low incomes

Racial and ethnic minorities

American Indian or Alaska Native

Asian

Black or African American

Native Hawaii or other Pacific Islander

White

Hispanic or Latino ethnicity

History of substance use

Domestic and dating violence

Gang-related crime

Sexual abuse/Violence

Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your race? (**Mark all that apply.**)

 American Indian or Alaska Native

 Asian

 Black or African American

 Native Hawaii or other Pacific Islander

 White

 Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your ethnicity? (**Mark all that apply.**)

 Hispanic or Latino

 Middle Eastern or North African

 Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your gender? (**Mark all that apply.**)

 Male

 Female

 Transgender

 Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have any other comments or suggestions?

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

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***Thank you for taking the time to complete this form and helping to improve NHTTAC’s activities.***