



In order to help NHTTAC better serve the field, we are reaching out to obtain your feedback prior to the start of the fellowship program. 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. Summary responses will only be shared to enhance the experience and leadership training program in the future.

Please provide the information below to create an anonymous ID:

_____	_____	_____
Birth Month (insert just the month for your <i>date of birth</i> , example: 08 for August)	First letter of first name (example: S for Sara)	First letter of your middle name (example: M for Maria)

1. Have you received prior leadership training?

Yes No

If yes, please provide a brief description (e.g., what you learned, when you received training, and the length of that training):

2. Please think about someone who you believe is an outstanding leader, and provide 2–3 examples of why. *To protect the privacy of others, please do not list specific names or details.*

3. Describe a recent experience (either big or small) where you exercised leadership. *To protect the privacy of others, please do not list specific names or details.*

4. What do you think is your leadership style (i.e., supportive, organized, action-oriented)?

5. What are the top three ways you would like to improve your effectiveness as a leader?

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 15 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at NHTTACEval@icf.com or 9300 Lee Highway, Fairfax, VA 22031.



Please rate the importance to you for achieving each of the program's goals:

PROGRAM OBJECTIVES	Unimportant	Somewhat Important	Important	Very Important	Not Applicable
6. [insert objective here].	1	2	3	4	NA
7. 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
8. TRUST: Increase the level of trust and reciprocity between survivors and the agencies and institutions committed to their success.	1	2	3	4	NA
9. NETWORK: Cultivate a thriving leadership network of survivors and human trafficking professionals that work across organizational and geographic boundaries.	1	2	3	4	NA
10. CONTRIBUTION: Create relevant and usable resources and tools that enhance trauma-informed and survivor-centered OTIP grant programming.	1	2	3	4	NA
11. SKILLS: Empower emerging leaders with leadership skills and training to lead themselves and their communities forward.	1	2	3	4	NA

12. What insights do you want to contribute to the other fellows' learning experiences during the program?

13. What contributions are you hoping the other fellows will make toward your learning experience?

Please rate your level of confidence with the following:

SKILL DEVELOPMENT	Not at All Confident	Somewhat Confident	Confident	Very Confident
14. [insert leadership skill here].	1	2	3	4
15. [insert leadership skill here].	1	2	3	4
16. [insert leadership skill here].	1	2	3	4
17. [insert leadership skill here].	1	2	3	4

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 15 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at NHTTACEval@icf.com or 9300 Lee Highway, Fairfax, VA 22031.



18. [insert leadership skill here].	1	2	3	4
19. My skills and knowledge about trauma-informed practices.	1	2	3	4
20. My skills and knowledge about survivor-informed practices.	1	2	3	4
21. My skills and knowledge about current evidence-based or promising practices.	1	2	3	4
22. My skills and knowledge about a multidisciplinary approach to addressing human trafficking.	1	2	3	4
23. My skills and knowledge about a public health approach to addressing human trafficking.	1	2	3	4
24. My connection to colleagues, professionals, and human trafficking experts.	1	2	3	4
25. My knowledge of human trafficking programs, nonprofits, government, and public health systems.	1	2	3	4
26. My ability to collaborate across human trafficking programs or initiatives.	1	2	3	4

27. Please list any other professional goals you have for participating in this program:

28. What do you anticipate will be your greatest challenge in the Human Trafficking Leadership Academy (HTLA) fellowship program?

29. Have you participated in survivor-informed training or curriculum previously?

Yes No

If yes, please explain: _____

30. Have you participated in anti-trafficking initiatives prior to this program?

Yes No

If yes, please explain: _____

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 15 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at NHTTACEval@icf.com or 9300 Lee Highway, Fairfax, VA 22031.



31. **FOR SURVIVORS:** How was your experience engaging with grantees prior to this leadership training? *If not applicable, write "N/A."*

32. **FOR GRANTEES:** How was your experience engaging with survivors as professionals prior to this leadership training? *If not applicable, write "N/A."*

33. What do you see as the greatest barriers to leadership development for survivors of human trafficking?

34. What opportunities will this leadership training provide you with in the future?

35. How do you think this leadership training will impact the human trafficking field?

Please click the number that best represents your rating for each of the following questions.

36. How satisfied were you with the participation selection process for this program?

1	2	3	4
<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>Satisfied</i>	<i>Very Satisfied</i>

37. How satisfied were you with your preparedness to participate in the program when you were invited by NHTTAC?

1	2	3	4
<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>Satisfied</i>	<i>Very Satisfied</i>

38. What could be done differently in the participant selection process for this program?

39. How many times have you interacted with NHTTAC staff in preparation for this program?

0-1 2-3 4-5 6 +

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 15 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at NHTTACEval@icf.com or 9300 Lee Highway, Fairfax, VA 22031.



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

PLANNING OF THE PROGRAM	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
40. NHTTAC was well organized in the planning of the HTLA.	1	2	3	4	NA
41. NHTTAC was responsive to my questions and needs.	1	2	3	4	NA
42. NHTTAC provided me with the necessary information and resources to help me prepare for the program.	1	2	3	4	NA
43. NHTTAC helped me adequately prepare for the program.	1	2	3	4	NA

44. How can NHTTAC **[and insert consultants, if applicable]** help support you in achieving your goals for this program?

45. What else would have been helpful in preparing for this program?

46. What obstacles or challenges, if any, did you encounter in the planning of the HTLA?

47. What could be done differently to improve NHTTAC's support in the planning of the HTLA?

48. In your professional capacity, how frequently do you come into contact with a person who is currently being trafficked, at risk of trafficking, or has been trafficked?

1	2	3	4
Never	Occasionally	Frequently	Daily

49. Is your organization responsible for working with people who are currently being trafficked or have been trafficked?

- Yes No N/A

50. How does your agency currently provide survivor-informed services? N/A

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 15 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at NHTTACEval@icf.com or 9300 Lee Highway, Fairfax, VA 22031.



51. Do you have any other comments or suggestions?

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

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 15 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at NHTTACEval@icf.com or 9300 Lee Highway, Fairfax, VA 22031.