*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* *NHTTACEval@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)

EVENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATES(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FACILITATOR(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please select the number that best represents your rating for each session and objective:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Session Feedback | **Poor** | **Fair** | **Good** | **Excellent** | **Not Applicable** |
| 1. [Insert Session].
 | 1 | 2 | 3 | 4 | NA |
| 1. [Insert Session].
 | 1 | 2 | 3 | 4 | NA |
| 1. [Insert Session].
 | 1 | 2 | 3 | 4 | NA |
| 1. [Insert Session].
 | 1 | 2 | 3 | 4 | NA |
| 1. [Insert Session].
 | 1 | 2 | 3 | 4 | NA |
| 1. [Insert Session].
 | 1 | 2 | 3 | 4 | NA |
| 1. [Insert Session].
 | 1 | 2 | 3 | 4 | NA |
| Objective Feedback | Poor | Fair | Good | Excellent | Not Applicable |
| 1. [Insert Objective 1].
 | 1 | 2 | 3 | 4 |  NA |
| 1. [Insert Objective 2].
 | 1 | 2 | 3 | 4 | NA |
| 1. [Insert Objective 3].
 | 1 | 2 | 3 | 4 | NA |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Facilitator 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** | **Not Applicable** |
| 1. The facilitator’s knowledge and expertise were appropriate for the meeting.
 | 1 | 2 | 3 | 4 | NA |
| 1. The facilitator presented the content clearly and logically.
 | 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 the meeting.
 | 1 | 2 | 3 | 4 | NA |
| 1. The facilitator presented the content clearly and logically.
 | 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 |
| **Event Feedback** | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** | **Not Applicable** |
| 1. The meeting was organized and clear.
 | 1 | 2 | 3 | 4 | NA |
| 1. The meeting content was trauma-informed.
 | 1 | 2 | 3 | 4 | NA |
| 1. The meeting content was survivor-informed.
 | 1 | 2 | 3 | 4 | NA |
| 1. The meeting content was grounded in evidence-based research or promising practices.
 | 1 | 2 | 3 | 4 | NA |
| 1. The meeting content was grounded in a multidisciplinary approach to addressing human trafficking.
 | 1 | 2 | 3 | 4 | NA |
| 1. The meeting content reflected a public health approach to addressing human trafficking.
 | 1 | 2 | 3 | 4 | NA |
| 1. The meeting provided ample opportunity and encouragement for participants to meaningfully interact with each other.
 | 1 | 2 | 3 | 4 | NA |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. The time allotted was appropriate for completing all agenda items.
 | 1 | 2 | 3 | 4 | NA |
| 1. The meeting met my professional needs.
 | 1 | 2 | 3 | 4 | NA |
| 1. The meeting met my educational needs.
 | 1 | 2 | 3 | 4 | NA |
| 1. Overall, this was an effective way to support the content and purpose of the meeting.
 | 1 | 2 | 3 | 4 | NA |
| 1. NHTTAC staff effectively responded to any obstacles or challenges.
 | 1 | 2 | 3 | 4 | NA |

***Please select the number that best represents your rating for this event for each of the following questions:***

1. Please rate the overall quality of this meeting.

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

1. How useful was this meeting to your work?

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **2** | **3** | **4** |
| *Not Useful* | *Somewhat Useful* | *Useful* | *Very Useful* |

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

□ Yes □ No

**Please rate the following registration, premeeting service, and logistical arrangements using the
following scale:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Logistics | **Poor** | **Fair** | **Good** | **Excellent** | **Not Applicable** |
| 1. Meeting registration
 | 1 | 2 | 3 | 4 | NA |
| 1. Onsite registration check-in process
 | 1 | 2 | 3 | 4 | NA |
| 1. Attendee meeting packet
 | 1 | 2 | 3 | 4 | NA |
| 1. Meeting direction signs
 | 1 | 2 | 3 | 4 | NA |
| 1. Conference meeting room
 | 1 | 2 | 3 | 4 | NA |
| 1. Travel information (if applicable)
 | 1 | 2 | 3 | 4 | NA |
| 1. Hotel accommodations (if applicable)
 | 1 | 2 | 3 | 4 | NA |

1. As a result of participating in this meeting, do you plan to do any of the following? **(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
* 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. Would you recommend NHTTAC to others for T/TA? □ Yes □ No
2. What could NHTTAC have done differently to better support the objectives of this meeting?

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

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1. What was most helpful about this meeting and why?

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

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1. Are there any topics you would like to learn more about next time?

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

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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 activities.***