

**OTIP GRANTEE  
FEEDBACK  
Protocol**



**NATIONAL HUMAN TRAFFICKING  
TRAINING AND TECHNICAL  
ASSISTANCE CENTER**

OMB#: ####-####

Date of Expiration: ###/###/####

*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](mailto:NHTTACEval@icf.com).*

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

\_\_\_\_\_

Birth Month  
(insert just the month  
for your *date of birth*,  
example: 08 for August)

\_\_\_\_\_

First letter of first name  
(example: S for Sara)

\_\_\_\_\_

First letter of your middle name  
(example: M for Maria)

<p>EVENT: _____</p> <p>DATES(S): _____</p> <p>FACILITATOR(S): _____</p>
---

***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
2. [Insert Session].	1	2	3	4	NA
3. [Insert Session].	1	2	3	4	NA
4. [Insert Session].	1	2	3	4	NA
5. [Insert Session].	1	2	3	4	NA
6. [Insert Session].	1	2	3	4	NA
7. [Insert Session].	1	2	3	4	NA
OBJECTIVE FEEDBACK	Poor	Fair	Good	Excellent	Not Applicable
8. [Insert Objective 1].	1	2	3	4	NA
9. [Insert Objective 2].	1	2	3	4	NA
10. [Insert Objective 3].	1	2	3	4	NA

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 NHTTAC Evaluation Team at [NHTTACEval@icf.com](mailto:NHTTACEval@icf.com) or 9300 Lee Highway, Fairfax, VA 22031.*



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

<b>FACILITATOR 1: _____</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Not Applicable</b>
11. The facilitator’s knowledge and expertise were appropriate for the meeting.	1	2	3	4	NA
12. The facilitator presented the content clearly and logically.	1	2	3	4	NA
13. The facilitator responded positively to questions and comments.	1	2	3	4	NA
14. The facilitator created a respectful environment for participants.	1	2	3	4	NA
15. The facilitator encouraged and initiated helpful discussions.	1	2	3	4	NA
<b>FACILITATOR 2: _____</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Not Applicable</b>
16. The facilitator’s knowledge and expertise were appropriate for the meeting.	1	2	3	4	NA
17. The facilitator presented the content clearly and logically.	1	2	3	4	NA
18. The facilitator responded positively to questions and comments.	1	2	3	4	NA
19. The facilitator created a respectful environment for participants.	1	2	3	4	NA
20. The facilitator encouraged and initiated helpful discussions.	1	2	3	4	NA
<b>EVENT FEEDBACK</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Not Applicable</b>
21. The meeting was organized and clear.	1	2	3	4	NA
22. The meeting content was trauma-informed.	1	2	3	4	NA
23. The meeting content was survivor-informed.	1	2	3	4	NA
24. The meeting content was grounded in evidence-based research or promising practices.	1	2	3	4	NA
25. The meeting content was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA
26. The meeting content reflected a public health approach to addressing human trafficking.	1	2	3	4	NA
27. The meeting provided ample opportunity and encouragement for participants to meaningfully interact with each other.	1	2	3	4	NA

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 NHTTAC Evaluation Team at [NHTTACEval@icf.com](mailto:NHTTACEval@icf.com) or 9300 Lee Highway, Fairfax, VA 22031.*



28. The time allotted was appropriate for completing all agenda items.	1	2	3	4	NA
29. The meeting met my professional needs.	1	2	3	4	NA
30. The meeting met my educational needs.	1	2	3	4	NA
31. Overall, this was an effective way to support the content and purpose of the meeting.	1	2	3	4	NA
32. 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:*

33. Please rate the overall quality of this meeting.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>

34. How useful was this meeting to your work?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<i>Not Useful</i>	<i>Somewhat Useful</i>	<i>Useful</i>	<i>Very Useful</i>

35. 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?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<i>Never</i>	<i>Occasionally</i>	<i>Frequently</i>	<i>All the Time</i>

36. 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:*

<b>LOGISTICS</b>	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>Excellent</b>	<b>Not Applicable</b>
37. Meeting registration	1	2	3	4	NA
38. Onsite registration check-in process	1	2	3	4	NA
39. Attendee meeting packet	1	2	3	4	NA
40. Meeting direction signs	1	2	3	4	NA
41. Conference meeting room	1	2	3	4	NA
42. Travel information (if applicable)	1	2	3	4	NA

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 NHTTAC Evaluation Team at [NHTTACEval@icf.com](mailto:NHTTACEval@icf.com) or 9300 Lee Highway, Fairfax, VA 22031.



43. Hotel accommodations (if applicable)	1	2	3	4	NA
--	---	---	---	---	----

44. As a result of participating in this meeting, do you plan to do any of the following? **(Mark all that apply.)**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Change my management/leadership or interpersonal communication style</li> <li><input type="checkbox"/> Further develop skills and knowledge about serving people who are currently being trafficked, at risk of trafficking, or have been trafficked</li> <li><input type="checkbox"/> Write grants/fundraise/identify new funding resources</li> <li><input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enhance vision, mission, or strategic plan</li> <li><input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enact policy changes at my organization</li> <li><input type="checkbox"/> Improve programs/practices</li> <li><input type="checkbox"/> Improve technology/websites/infrastructure</li> <li><input type="checkbox"/> Integrate victim-centered, survivor-informed strategies</li> <li><input type="checkbox"/> Expand services or types of services</li> <li><input type="checkbox"/> Begin a new project or initiative</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Develop/strengthen collaborative or strategic relationships</li> <li><input type="checkbox"/> Network with other participants</li> <li><input type="checkbox"/> Share materials with colleagues</li> <li><input type="checkbox"/> Provide information to clients/families/youth</li> <li><input type="checkbox"/> Train/educate others in content/skills learned</li> <li><input type="checkbox"/> Raise public awareness/advocacy/outreach activities offered to people who are currently being trafficked, at risk of trafficking, or have been trafficked</li> <li><input type="checkbox"/> Refer colleagues to NHTTAC events/resources</li> <li><input type="checkbox"/> Conduct research</li> <li><input type="checkbox"/> Strengthen evaluation or needs assessment activities</li> <li><input type="checkbox"/> Improve identification and reporting methods for trafficking</li> <li><input type="checkbox"/> Take additional training on human trafficking</li> <li><input type="checkbox"/> Other (please specify): _____</li> </ul> |
|---|--|

45. 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.)**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Lack of senior leadership support</li> <li><input type="checkbox"/> Lack of frontline support and accountability</li> <li><input type="checkbox"/> Continuous turnover</li> <li><input type="checkbox"/> Shortages of key personnel</li> <li><input type="checkbox"/> Competing priorities</li> <li><input type="checkbox"/> Inaccessible research and/or information</li> <li><input type="checkbox"/> Lack of urgency</li> <li><input type="checkbox"/> Lack of shared responsibility across organizational collaboration</li> <li><input type="checkbox"/> Difficulty in establishing and/or maintaining a multi-disciplinary team</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Need for partnership building with other organizations</li> <li><input type="checkbox"/> Variation in mission and regulatory frameworks when partnering with other organizations</li> <li><input type="checkbox"/> Lack of information and/or data sharing among organizations</li> <li><input type="checkbox"/> Lack of time to implement changes</li> <li><input type="checkbox"/> Lack of training for staff in how to implement change</li> <li><input type="checkbox"/> Other (please explain): _____</li> </ul> |
|--|---|

46. Would you recommend NHTTAC to others for T/TA?  Yes  No

47. What could NHTTAC have done differently to better support the objectives of this meeting?

---



---



---

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

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 NHTTAC Evaluation Team at [NHTTACEval@icf.com](mailto:NHTTACEval@icf.com) or 9300 Lee Highway, Fairfax, VA 22031.*

**OTIP GRANTEE  
FEEDBACK  
Protocol**



**NATIONAL HUMAN TRAFFICKING  
TRAINING AND TECHNICAL  
ASSISTANCE CENTER**

OMB#: ####-####

Date of Expiration: ##/##/####

---

---

---

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

---

---

---

50. 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 10 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](mailto:NHTTACEval@icf.com) or 9300 Lee Highway, Fairfax, VA 22031.*