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                       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)

**Part I. NHTTAC Scholarship Program**

1. How did you hear about this Scholarship Program? **(Mark all that apply.)**

□ NHTTAC Website □ Another organization

□ Exhibit or presentation at a conference □ A colleague or friend

□ NHTTAC Listserv □ A publication or newsletter

□ OTIP program monitor or other OTIP staff person □ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What month and year did you apply? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Would you recommend the NHTTAC Professional Development Scholarship to others? □ Yes □ No

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Application Process | **Strongly Disagree** | | **Disagree** | **Agree** | **Strongly Agree** | **Not Applicable** |
| 1. NHTTAC was responsive to my questions and needs. | 1 | 2 | | 3 | 4 | NA |
| 1. The application was easy to complete. | 1 | 2 | | 3 | 4 | NA |
| 1. The application instructions clearly explained the eligibility requirements. | 1 | 2 | | 3 | 4 | NA |
| 1. The application instructions clearly explained the expenses covered under the program. | 1 | 2 | | 3 | 4 | NA |
| 1. I am satisfied with the notification process. | 1 | 2 | | 3 | 4 | NA |
| 1. I am satisfied with the overall application process by NHTTAC. | 1 | 2 | | 3 | 4 | NA |

1. What could be done differently to improve the application process?

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

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1. Do you have any other comments or suggestions about the application process?

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

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**Please rate the following registration, pre-meeting 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. Please rate the overall quality of this scholarship program.

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

1. Which of the following **best** describes the organization in which you work? **(Mark all that apply.)**

* 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* | *Rarely* | *Frequently* | *All the Time* |

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

□ National □ Local

□ 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part II. Event Feedback**

1. Please provide the following information about the event you attended with scholarships funds:

**Event title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Location**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Event Feedback | **Strongly Disagree** | | | **Disagree** | **Agree** | **Strongly Agree** | **Not Applicable** |
| 1. The event increased my skills and knowledge related to the topic(s). | | 1 | 2 | | 3 | 4 | NA |
| 1. The event improved my knowledge of current evidence-based research or promising practices. | | 1 | 2 | | 3 | 4 | NA |
| 1. The event improved my skills and knowledge about trauma-informed practices. | | 1 | 2 | | 3 | 4 | NA |
| 1. The event improved my skills and knowledge about survivor-informed practices. | | 1 | 2 | | 3 | 4 | NA |
| 1. The event improved my skills and knowledge about a multidisciplinary approach to addressing human trafficking. | | 1 | 2 | | 3 | 4 | NA |
| 1. The event improved my skills and knowledge about a public health approach to addressing human trafficking. | | 1 | 2 | | 3 | 4 | NA |
| 1. The event improved my ability to serve people who are current being trafficked, at risk of trafficking, or have been trafficked. | | 1 | 2 | | 3 | 4 | NA |
| 1. The education materials provided for this event were useful. | | 1 | 2 | | 3 | 4 | NA |
| 1. The event increased my practical skills related to the topic(s). | | 1 | 2 | | 3 | 4 | NA |
| 1. The event met my professional needs. | | 1 | 2 | | 3 | 4 | NA |
| 1. The event met my educational needs. | | 1 | 2 | | 3 | 4 | NA |
| 1. I will be able to apply what I learned in my work. | | 1 | 2 | | 3 | 4 | NA |

1. At which type of event was the training held?

□ National conference □ Local conference

□ State/regional conference □ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. As a result of participating in this scholarship program, 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. What aspects of the event were most helpful and why?

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

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1. Do you have any other comments or suggestions about the event?

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