



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:

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

Part I. NHTTAC Scholarship Program

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

<input type="checkbox"/> NHTTAC Website	<input type="checkbox"/> Another organization
<input type="checkbox"/> Exhibit or presentation at a conference	<input type="checkbox"/> A colleague or friend
<input type="checkbox"/> NHTTAC Listserv	<input type="checkbox"/> A publication or newsletter
<input type="checkbox"/> OTIP program monitor or other OTIP staff person	<input type="checkbox"/> Other (please specify): _____
- What month and year did you apply? _____
- 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
4. NHTTAC was responsive to my questions and needs.	1	2	3	4	NA
5. The application was easy to complete.	1	2	3	4	NA
6. The application instructions clearly explained the eligibility requirements.	1	2	3	4	NA
7. The application instructions clearly explained the expenses covered under the program.	1	2	3	4	NA
8. I am satisfied with the notification process.	1	2	3	4	NA
9. I am satisfied with the overall application process by NHTTAC.	1	2	3	4	NA

- What could be done differently to improve the application process?



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

Please rate the following registration, pre-meeting service, and logistical arrangements using the following scale:

LOGISTICS	Poor	Fair	Good	Excellent	Not Applicable
12. Meeting registration	1	2	3	4	NA
13. Onsite registration check-in process	1	2	3	4	NA
14. Attendee meeting packet	1	2	3	4	NA
15. Meeting direction signs	1	2	3	4	NA
16. Conference meeting room	1	2	3	4	NA
17. Travel information (if applicable)	1	2	3	4	NA
18. Hotel accommodations (if applicable)	1	2	3	4	NA

19. Please rate the overall quality of this scholarship program.

1	2	3	4
Poor	Fair	Good	Excellent

20. 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: _____

21. 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)

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 or 9300 Lee Highway, Fairfax, VA 22031.



- 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): _____

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

- Yes
- No

23. 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

24. Which of the following **best** describes your primary role in your current position?

- Direct delivery/frontline staff
- Management
- Other (please specify): _____
- Consultant/Trainer
- Volunteer
- Administration
- Peer Educator

25. 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
<i>Never</i>	<i>Rarely</i>	<i>Frequently</i>	<i>All the Time</i>

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

- National
- State (please specify): _____
- Tribal
- International (please specify country): _____
- Local
- Urban
- Rural
- Suburban

27. 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

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 or 9300 Lee Highway, Fairfax, VA 22031.



- Gang-related crime
 Sexual abuse/Violence
 Other (Please specify): _____

28. 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): _____

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

- Hispanic or Latino
 Middle Eastern or North African
 Other (please specify): _____

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

- Male
 Female
 Transgender
 Other (please specify): _____

Part II. Event Feedback

31. 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
32. The event increased my skills and knowledge related to the topic(s).	1	2	3	4	NA
33. The event improved my knowledge of current evidence-based research or promising practices.	1	2	3	4	NA
34. The event improved my skills and knowledge about trauma-informed practices.	1	2	3	4	NA
35. The event improved my skills and knowledge about survivor-informed practices.	1	2	3	4	NA
36. The event improved my skills and knowledge about a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA
37. The event improved my skills and knowledge about a public	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 or 9300 Lee Highway, Fairfax, VA 22031.



health approach to addressing human trafficking.					
38. 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
39. The education materials provided for this event were useful.	1	2	3	4	NA
40. The event increased my practical skills related to the topic(s).	1	2	3	4	NA
41. The event met my professional needs.	1	2	3	4	NA
42. The event met my educational needs.	1	2	3	4	NA
43. I will be able to apply what I learned in my work.	1	2	3	4	NA

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

- National conference
 Local conference
 State/regional conference
 Other (please specify): _____

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

- | | |
|--|--|
| <input type="checkbox"/> Change my management/leadership or interpersonal communication style | <input type="checkbox"/> Develop/strengthen collaborative or strategic relationships |
| <input type="checkbox"/> Further develop skills and knowledge about serving people who are currently being trafficked, at risk of trafficking, or have been trafficked | <input type="checkbox"/> Network with other participants |
| <input type="checkbox"/> Write grants/fundraise/identify new funding resources | <input type="checkbox"/> Share materials with colleagues |
| <input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enhance vision, mission, or strategic plan | <input type="checkbox"/> Provide information to clients/families/youth |
| <input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enact policy changes at my organization | <input type="checkbox"/> Train/educate others in content/skills learned |
| <input type="checkbox"/> Improve programs/practices | <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 |
| <input type="checkbox"/> Improve technology/websites/infrastructure | <input type="checkbox"/> Refer colleagues to NHTTAC events/resources |
| <input type="checkbox"/> Integrate victim-centered, survivor-informed strategies | <input type="checkbox"/> Conduct research |
| <input type="checkbox"/> Expand services or types of services | <input type="checkbox"/> Strengthen evaluation or needs assessment activities |
| <input type="checkbox"/> Begin a new project or initiative | <input type="checkbox"/> Improve identification and reporting methods for trafficking |
| | <input type="checkbox"/> Take additional training on human trafficking |
| | <input type="checkbox"/> Other (please specify): _____ |

46. 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.)**

- | | |
|---|--|
| <input type="checkbox"/> Lack of senior leadership support | <input type="checkbox"/> Inaccessible research and/or information |
| <input type="checkbox"/> Lack of frontline support and accountability | <input type="checkbox"/> Lack of urgency |
| <input type="checkbox"/> Continuous turnover | <input type="checkbox"/> Lack of shared responsibility across organizational collaboration |
| <input type="checkbox"/> Shortages of key personnel | |
| <input type="checkbox"/> Competing priorities | |

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 or 9300 Lee Highway, Fairfax, VA 22031.



- 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): _____

47. What aspects of the event were most helpful and why?

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

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 or 9300 Lee Highway, Fairfax, VA 22031.