*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)

T/TA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 NHTTAC COORDINATOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please indicate how well the training met each stated objective.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Overall Objectives | **Poor** | **Fair** | **Good** | **Excellent** |
| 1. [Insert objective 1].
 | 1 | 2 | 3 | 4 |
| 1. [Insert objective 2].
 | 1 | 2 | 3 | 4 |
| 1. [Insert objective 3].
 | 1 | 2 | 3 | 4 |
| 1. [Insert objective 4].
 | 1 | 2 | 3 | 4 |
| 1. [Insert objective 5].
 | 1 | 2 | 3 | 4 |

1. Please list any other professional goals you have achieved through this T/TA.

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

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**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 demonstrated a comprehensive knowledge of the subject.
 | 1 | 2 | 3 | 4 | NA |
| 1. The facilitator clearly and logically presented the content.
 | 1 | 2 | 3 | 4 | NA |
| 1. The facilitator responded well 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 demonstrated a comprehensive knowledge of the subject.
 | 1 | 2 | 3 | 4 | NA |
| 1. The facilitator clearly and logically presented the content.
 | 1 | 2 | 3 | 4 | NA |
| 1. The facilitator responded well 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 |
| Overall Feedback  | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** | **Not Applicable** |
| 1. The T/TA reflected a public health approach to addressing human trafficking.
 | 1 | 2 | 3 | 4 | NA |
| 1. The T/TA helped me identify potential language and cultural barriers my organization might face in responding to human trafficking.
 | 1 | 2 | 3 | 4 | NA |
| 1. The T/TA was trauma informed.
 | 1 | 2 | 3 | 4 | NA |
| 1. The T/TA was survivor informed.
 | 1 | 2 | 3 | 4 | NA |
| 1. The T/TA was grounded in a multidisciplinary approach to addressing human trafficking.
 | 1 | 2 | 3 | 4 | NA |
| 1. The T/TA included evidence-based research or promising practices.
 | 1 | 2 | 3 | 4 | NA |
| 1. The T/TA will positively impact my organization’s response to human trafficking.
 | 1 | 2 | 3 | 4 | NA |
| 1. This T/TA met my educational needs.
 | 1 | 2 | 3 | 4 | NA |
| 1. This T/TA met my professional needs.
 | 1 | 2 | 3 | 4 | NA |
| 1. This T/TA changed [my/my organization’s] attitudes on trauma-informed approaches to addressing trafficking
 | 1 | 2 | 3 | 4 | NA |
| 1. This T/TA increased my professional networking or peer support
 | 1 | 2 | 3 | 4 | NA |
| 1. This T/TA increased knowledge to inform a human trafficking public health response.
 | 1 | 2 | 3 | 4 | NA |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **T/TA Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** | **Not Applicable** |
| 1. [insert T/TA activity objective].
 | 1 | 2 | 3 | 4 | NA |
| 1. [insert T/TA activity objective].
 | 1 | 2 | 3 | 4 | NA |
| 1. [insert T/TA activity objective].
 | 1 | 2 | 3 | 4 | NA |
| 1. [insert T/TA activity objective].
 | 1 | 2 | 3 | 4 | NA |
| 1. [insert T/TA activity objective].
 | 1 | 2 | 3 | 4 | NA |
| 1. [insert T/TA activity objective].
 | 1 | 2 | 3 | 4 | NA |
| 1. [insert T/TA activity objective].
 | 1 | 2 | 3 | 4 | NA |
| 1. [insert T/TA activity objective].
 | 1 | 2 | 3 | 4 | NA |
| 1. [insert T/TA activity objective]
 | 1 | 2 | 3 | 4 | NA |
| 1. [insert T/TA activity objective].
 | 1 | 2 | 3 | 4 | NA |
| **Planning** | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** | **Not Applicable** |
| 1. NHTTAC was responsive to my questions and needs.
 | 1 | 2 | 3 | 4 | NA |
| 1. NHTTAC was effective in identifying an appropriate grantee to help with our request.
 | 1 | 2 | 3 | 4 | NA |
| 1. NHTTAC staff was detail-oriented and thorough in the planning of this T/TA.
 | 1 | 2 | 3 | 4 | NA |
| 1. NHTTAC was timely throughout the planning process.
 | 1 | 2 | 3 | 4 | NA |
| 1. The planning for this T/TA was well coordinated.
 | 1 | 2 | 3 | 4 | NA |

1. Please rate the overall quality of this T/TA.

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

1. How satisfied were you with your overall NHTTAC experience?

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **2** | **3** | **4** |
| *Very Dissatisfied* | *Dissatisfied* | *Satisfied* | *Very Satisfied* |

1. How well did this assistance meet your expectations?

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **2** | **3** | **4** |
| *Far Below My Expectations* | *Did Not Meet My Expectations* | *Met My* *Expectations* | *Exceeded My Expectations* |

1. How responsive was NHTTAC to your needs following the T/TA?

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **2** | **3** | **4** |
| *Completely Unresponsive* | *Unresponsive* | *Responsive* | *Very Responsive* |

1. Would you recommend NHTTAC to others to receive T/TA? □ Yes □ No
2. What are three things you plan to do as a result of this T/TA?

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. Following this T/TA, how prepared do you feel to take steps toward addressing human trafficking in your organization?

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **2** | **3** | **4** |
| *Not At All Prepared* | *Somewhat Prepared* | *Mostly Prepared* | *Completely Prepared* |

1. What could NHTTAC do in the future to enhance your level of preparedness during this type of T/TA?

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. What could NHTTAC do in the future to enhance your level of preparedness following this type of T/TA?

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. What aspects of the T/TA were most helpful and why?

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. What could NHTTAC do differently to improve similar T/TA requests in the future?

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. Do you have any other comments or suggestions?

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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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. 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 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. 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

□ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_ □ Peer Educator

1. 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* |

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

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