*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)

***Please rate the extent to which to you agree or disagree that the fellowship has helped your organization achieve the following objectives.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Fellowship Objectives** | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** | **Not Applicable** |
| 1. The fellowship increased my leadership skills. | 1 | 2 | 3 | 4 | NA |
| 1. The fellowship increased my skills and knowledge about survivor-informed practices. | 1 | 2 | 3 | 4 | NA |
| 1. The fellowship increased my skills and knowledge about current evidence-based research and promising practices. | 1 | 2 | 3 | 4 | NA |
| 1. The fellowship increased my skills and knowledge about a multidisciplinary approach to addressing human trafficking. | 1 | 2 | 3 | 4 | NA |
| 1. The fellowship increased my skills and knowledge on a public health response to human trafficking. | 1 | 2 | 3 | 4 | NA |
| 1. The fellowship met my professional needs. | 1 | 2 | 3 | 4 | NA |
| 1. The fellowship met my educational needs. | 1 | 2 | 3 | 4 | NA |
| 1. I remained engaged with my partner organization in the fellowship throughout its entirety. | 1 | 2 | 3 | 4 | NA |
| 1. [insert objective here]. | 1 | 2 | 3 | 4 | NA |
| 1. [insert objective here]. | 1 | 2 | 3 | 4 | NA |

1. Please list any other personal goals you have achieved through this fellowship program:

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

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1. How were you invited to participate in this fellowship?

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

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1. Do you think NHTTAC should do anything differently when selecting people to participate in this fellowship?

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organizational Audit | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** |
| 1. The organization was cooperative during the organizational audit. | 1 | 2 | 3 | 4 |
| 1. I had the appropriate tools and resources to conduct the organizational audit. | 1 | 2 | 3 | 4 |
| 1. I had adequate time to collaborate with the organization I was partnered with in this fellowship on the organizational audit. | 1 | 2 | 3 | 4 |
| 1. The organizational audit helped identify gaps in the organization’s service provision to people who are currently being trafficked, at risk of trafficking, or have been trafficked | 1 | 2 | 3 | 4 |
| 1. [insert objective]. | 1 | 2 | 3 | 4 |
| 1. [insert objective]. | 1 | 2 | 3 | 4 |
| 1. I would recommend keeping the organizational audit as part of future survivor fellowships organized by NHTTAC. | 1 | 2 | 3 | 4 |
| Action Plan | Strongly Disagree | Disagree | Agree | Strongly Agree |
| 1. The action plan was developed collaboratively between me and the partner organization. | 1 | 2 | 3 | 4 |
| 1. My partner organization and I had the appropriate tools and resources to develop the action plan. | 1 | 2 | 3 | 4 |
| 1. The action plan we developed defined clear roles and responsibilities. | 1 | 2 | 3 | 4 |
| 1. The action plan we developed accounted for the partner organization’s culture and structure. | 1 | 2 | 3 | 4 |
| 1. The action steps we created were grounded in a multidisciplinary approach to addressing human trafficking. | 1 | 2 | 3 | 4 |
| 1. The action steps we created were grounded in a public health approach to addressing human trafficking. | 1 | 2 | 3 | 4 |
| 1. The action plan accounts for complex and multiple traumas. | 1 | 2 | 3 | 4 |
| 1. The action plan we created accounts for all types of trafficking. | 1 | 2 | 3 | 4 |
| 1. The action plan we created includes action steps to address language and cultural barriers to serving at-risk populations or potential victims of human trafficking. | 1 | 2 | 3 | 4 |
| 1. I recommend keeping the action plan development as part of future survivor fellowships. | 1 | 2 | 3 | 4 |
| Customized T/TA | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** |
| 1. NHTTAC supported me with necessary information to enhance the T/TA I provided to the organization. | 1 | 2 | 3 | 4 |
| 1. The organization was receptive to the recommendations and changes provided through the action plan. | 1 | 2 | 3 | 4 |
| 1. I had the appropriate tools and resources to provide the organization with customized T/TA. | 1 | 2 | 3 | 4 |
| 1. I had adequate time to **plan for** the customized T/TA. | 1 | 2 | 3 | 4 |
| 1. I had adequate time to **provide** the customized T/TA. | 1 | 2 | 3 | 4 |
| 1. The structure of the fellowship was an appropriate way to incorporate and engage survivors. | 1 | 2 | 3 | 4 |

**Please indicate the extent to which you agree or disagree with the following statements about your collaboration with   
the fellow:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** |
| 1. The organization was easy to communicate with throughout fellowship activities. | 1 | 2 | 3 | 4 |
| 1. The organization responded to me in a timely manner. | 1 | 2 | 3 | 4 |
| 1. The organization was respectful. | 1 | 2 | 3 | 4 |
| 1. The organization allotted an appropriate amount of time for me to help make an actionable change at the organization. | 1 | 2 | 3 | 4 |
| 1. The organization responded in a helpful manner to my questions. | 1 | 2 | 3 | 4 |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NHTTAC Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** | **Not Applicable** |
| NHTTAC staff clearly articulated my responsibilities in this fellowship. | 1 | 2 | 3 | 4 | NA |
| NHTTAC set clear expectations for this fellowship. | 1 | 2 | 3 | 4 | NA |
| NHTTAC provided me with necessary resources and materials for this fellowship program. | 1 | 2 | 3 | 4 | NA |
| NHTTAC staff were detail-oriented and thorough in the planning of this fellowship. | 1 | 2 | 3 | 4 | NA |
| NHTTAC was responsive to my questions and needs. | 1 | 2 | 3 | 4 | NA |
| NHTTAC provided me with additional information on a public health approach to human trafficking upon request. | 1 | 2 | 3 | 4 | NA |
| I am satisfied with the overall support provided by NHTTAC staff throughout the fellowship program. | 1 | 2 | 3 | 4 | NA |

1. Is there anything additional NHTTAC could have done to support you during this fellowship?

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

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1. Please rate the overall quality of this fellowship program.

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

1. Overall, how well did this fellowship meet your expectations?

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

1. How satisfied were you with the overall quality of the support you received from NHTTAC staff to help complete this fellowship?

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

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 fellowship?

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

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1. Was the format of this fellowship conducive to improving best practices at the organization you partnered with during this fellowship? Why or why not?

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

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1. What aspects of the fellowship were most helpful and why?

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

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1. What could NHTTAC do differently to improve similar fellowships in the future?

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1. Do you have any other comments or suggestions?

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

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1. As a result of participating in this fellowship 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. Which of the following **best** describes your organization? **(Mark all that apply.)**

* I do not represent an organization
* 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 the types of services your organization provides? **(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 your organization’s 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 does your organization 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. In your professional capacity, how frequently does your organization 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* |

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