



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.

TRAINING/TECHNICAL ASSISTANCE (T/TA): _____
 DATE(S): _____
 NHTTAC COORDINATOR: _____

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:
 08 for August)

Please indicate the number that best represents your rating for each of the following questions.

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

1	2	3	4
<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>Satisfied</i>	<i>Very Satisfied</i>

2. How satisfied were you with your overall experience with NHTTAC staff?

1	2	3	4
<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>Satisfied</i>	<i>Very Satisfied</i>

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

OVERALL T/TA	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
3. NHTTAC was detail oriented and thorough in the planning of the T/TA.	1	2	3	4	NA
4. NHTTAC was responsive to my questions and needs.	1	2	3	4	NA
5. Discussions with NHTTAC helped me to identify critical issues and understand the needs of participants prior to the T/TA.	1	2	3	4	NA
6. NHTTAC provided me with the necessary information and resources to help me adequately prepare for the T/TA.	1	2	3	4	NA
7. The information developed or provided in the T/TA was based on current evidence-based research or promising practices.	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 5 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.



8. The time allotted was adequate for the scope of material covered.	1	2	3	4	NA
9. The information [developed for the T/TA] [provided to the participants] was survivor informed.	1	2	3	4	NA
10. The T/TA was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA
11. The T/TA reflected a public health approach to addressing human trafficking.	1	2	3	4	NA
12. The T/TA was trauma informed.	1	2	3	4	NA

13. What obstacles or challenges, if any, did you encounter in the planning or delivery of this T/TA?

14. In what language was the training delivered? English Spanish

15. How prepared did you feel for the delivery of the training?

1	2	3	4
<i>Not At All Prepared</i>	<i>Somewhat Prepared</i>	<i>Mostly Prepared</i>	<i>Very Prepared</i>

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

PROFESSIONAL DEVELOPMENT AND EXPERTISE	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
16. NHTTAC respected my perspective about <insert topic>	1	2	3	4	NA
17. This was an appropriate outlet for using my skill sets and knowledge.	1	2	3	4	NA
18. Participating in the T/TA as a consultant enhanced my communication skills.	1	2	3	4	NA
19. Participating in the T/TA strengthened my confidence to consult in future T/TA events.	1	2	3	4	NA
20. As a consultant for NHTTAC, I have improved my leadership competencies.	1	2	3	4	NA
21. As a consultant for NHTTAC, I have more opportunities to collaborate with other professionals in the field.	1	2	3	4	NA
22. Overall, consulting for the T/TA contributed to my professional development.	1	2	3	4	NA

23. Would you recommend others to be a consultant for NHTTAC? Yes No

24. Would you recommend NHTTAC to others who need T/TA? Yes No

25. Do you have any other comments or suggestions about how to improve the NHTTAC’s consultant network and/or NHTTAC consulting experience??

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26. What is your NHTTAC consultant category? Survivor Impact Training/Technical Assistance (T/TA) Expert

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

- | | |
|--|---|
| <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> Self-employed Survivor-led organization Tribal government Union/Worker advocacy organization Victim service provider Academic institution Other (please specify): _____ |
|--|---|

28. Is your organization responsible for working with people who are currently being trafficked or have been trafficked?
 Yes No N/A

29. Which of the following **best** describes your professional capacity or types of services you provide? (Mark all that apply.)

- | | |
|--|---|
| <ul style="list-style-type: none"> € 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) | <ul style="list-style-type: none"> € 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): _____ |
|--|---|

30. 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
<i>Never</i>	<i>Occasionally</i>	<i>Frequently</i>	<i>Daily</i>

31. Which of the following **best** describes the number of years of experience you have in your current field of work?

- Less than 3 years 3 to 5 years 6 to 10 years More than 10 years

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Direct delivery/Frontline staff | <input type="checkbox"/> Consultant/Trainer | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Management | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Peer educator |

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Other (please specify): _____

33. 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

34. 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
- Intimate partner violence (e.g., dating, domestic violence)
- Gang-related crime
- Sexual abuse/Violence
- Other (please specify): _____

35. 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): _____

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

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

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

- Male
- Female

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CONSULTANT FEEDBACK



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

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

Date of Expiration:

Transgender

Other (please specify): _____

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

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