*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:

 DATE(S):

 CONSULTANT(S)/PRESENTER(S):

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| OVERALL TRAINING | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** | **Not Applicable** |
| 1. The training addressed the learning objectives clearly.
 | 1 | 2 | 3 | 4 | NA |
| 1. The training addressed the critical issues related to the topic(s).
 | 1 | 2 | 3 | 4 | NA |
| 1. The time allotted was adequate for the scope of material covered.
 | 1 | 2 | 3 | 4 | NA |
| 1. The training was well organized and clear.
 | 1 | 2 | 3 | 4 | NA |
| 1. The [material] [strategic planning] was appropriate for my level of experience and knowledge.
 | 1 | 2 | 3 | 4 | NA |
| 1. The resource materials (handouts, audiovisuals, PowerPoints) enhanced the training.
 | 1 | 2 | 3 | 4 | NA |
| 1. The training increased my knowledge related to the topic(s).
 | 1 | 2 | 3 | 4 | NA |
| 1. The training increased my practical skills related to the topic(s).
 | 1 | 2 | 3 | 4 | NA |
| 1. I will be able to apply what I learned in my work.
 | 1 | 2 | 3 | 4 | NA |
| 1. The training improved my ability to identify people who are being trafficked, at-risk of trafficking, or have been trafficked.
 | 1 | 2 | 3 | 4 | NA |
| 1. The training was survivor informed.
 | 1 | 2 | 3 | 4 | NA |
| 1. The training provided sufficient opportunity to network with others in the field.
 | 1 | 2 | 3 | 4 | NA |
| 1. The training was trauma informed.
 | 1 | 2 | 3 | 4 | NA |
| 1. The training content was based on current evidence-based research or promising practices.
 | 1 | 2 | 3 | 4 | NA |
| 1. The small group activities enhanced my experience.
 | 1 | 2 | 3 | 4 | NA |
| 1. The training met my professional needs.
 | 1 | 2 | 3 | 4 | NA |
| 1. The training met my educational needs.
 | 1 | 2 | 3 | 4 | NA |
| 1. I am satisfied with the overall quality of the training.
 | 1 | 2 | 3 | 4 | NA |
| 1. The training was grounded in a multidisciplinary approach to addressing human trafficking.
 | 1 | 2 | 3 | 4 | NA |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| MODULE <X>: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** | **Not Applicable** |
| 1. As a result of this module, I can <insert learning objective>.
 | 1 | 2 | 3 | 4 | NA |
| 1. As a result of this module, I can <insert learning objective>.
 | 1 | 2 | 3 | 4 | NA |
| 1. As a result of this module, I can <insert learning objective>.
 | 1 | 2 | 3 | 4 | NA |
| 1. As a result of this module, I can <insert learning objective>.
 | 1 | 2 | 3 | 4 | NA |
| 1. The learning objectives for this module were stated clearly.
 | 1 | 2 | 3 | 4 | NA |
| MODULE <X>: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** | **Not Applicable** |
| 1. As a result of this module, I can <insert learning objective>.
 | 1 | 2 | 3 | 4 | NA |
| 1. As a result of this module, I can <insert learning objective>.
 | 1 | 2 | 3 | 4 | NA |
| 1. As a result of this module, I can <insert learning objective>.
 | 1 | 2 | 3 | 4 | NA |
| 1. As a result of this module, I can <insert learning objective>.
 | 1 | 2 | 3 | 4 | NA |
| 1. The learning objectives for this module were stated clearly.
 | 1 | 2 | 3 | 4 | NA |

1. Please rate the overall quality of this training.

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PRESENTER 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** | **Not Applicable** |
| 1. The presenter demonstrated a comprehensive knowledge of the subject.
 | 1 | 2 | 3 | 4 | NA |
| 1. The presenter presented the content clearly and logically.
 | 1 | 2 | 3 | 4 | NA |
| 1. The presenter responded positively to questions and comments.
 | 1 | 2 | 3 | 4 | NA |
| 1. The presenter created a respectful environment for participants.
 | 1 | 2 | 3 | 4 | NA |
| **PRESENTER 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** | **Not Applicable** |
| 1. The presenter demonstrated a comprehensive knowledge of the subject.
 | 1 | 2 | 3 | 4 | NA |
| 1. The presenter presented the content clearly and logically.
 | 1 | 2 | 3 | 4 | NA |
| 1. The presenter responded positively to questions and comments.
 | 1 | 2 | 3 | 4 | NA |
| 1. The presenter created a respectful environment for participants.
 | 1 | 2 | 3 | 4 | NA |

1. Did the training provide comprehensive coverage of the topic(s)? Please explain.

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

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1. Was the content current and up-to-date? Please explain.

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

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1. Was there anything you would change about the training content? Please explain.

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

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1. Was there anything you would change about the resource materials (videos, handouts, PowerPoints, etc.)? Please explain.

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

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1. Was there enough time for discussion and questions? Please explain.

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

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

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

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1. Is there any material, content, or activity you would recommend to not include in future trainings?

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

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1. Are there specific resources you would recommend for inclusion in future trainings?

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

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

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. In your professional capacity, how frequently do you come into contact with a person who is 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 the number of years of experience you have in your current field of work?

□ Less than 3 years □ 3–5 years □ 6–10 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. 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

Intimate partner violence (e.g., dating, domestic 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/SOAR activities.***