



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.

DATE DOWNLOADED/RECEIVED: _____

1. What [NHTTAC][SOAR] resource did you download or receive?

<input type="checkbox"/> SOAR e-guide	<input type="checkbox"/> <Insert resource>
<input type="checkbox"/> State and territory profiles	<input type="checkbox"/> <Insert resource>
<input type="checkbox"/> Screening toolkit	<input type="checkbox"/> <Insert resource>
<input type="checkbox"/> Webinar recordings	<input type="checkbox"/> <Insert resource>
<input type="checkbox"/> Organizational toolkit	<input type="checkbox"/> <Insert resource>

2. Which of the following **best** describes the reason you obtained <insert material>?

<input checked="" type="checkbox"/> Personal use/assist a family member/friend	<input checked="" type="checkbox"/> For use in program development/operations
<input checked="" type="checkbox"/> To better identify people who are at risk or have been trafficked	<input checked="" type="checkbox"/> For academic studies
<input checked="" type="checkbox"/> To better provide services to a person who is currently being trafficked, at risk of trafficking, or has been trafficked	<input checked="" type="checkbox"/> For education/community outreach
	<input checked="" type="checkbox"/> To train colleagues
	<input checked="" type="checkbox"/> Other (please specify): _____

3. How have you used the <insert material>? (Mark all that apply).

<input checked="" type="checkbox"/> To train others	<input checked="" type="checkbox"/> <Insert reason>
<input checked="" type="checkbox"/> In your work with patients/clients	<input checked="" type="checkbox"/> <Insert reason>
<input checked="" type="checkbox"/> For protocol development	<input checked="" type="checkbox"/> <Insert reason>
<input checked="" type="checkbox"/> For outreach efforts	<input checked="" type="checkbox"/> <Insert reason>

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

COMPONENT 1: _____	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
4. The resource addressed the critical issues related to the topic(s).	1	2	3	4	NA
5. I am satisfied with the overall quality of the material.	1	2	3	4	NA
6. The material was organized and clear.	1	2	3	4	NA
7. The terminology included in the material was used correctly.	1	2	3	4	NA
8. The material increased my knowledge about the topic(s).	1	2	3	4	NA
9. The material included current evidence-based research or promising practices.	1	2	3	4	NA
10. The material reflected a public health approach to addressing human trafficking.	1	2	3	4	NA
11. The content of the material was survivor informed.	1	2	3	4	NA
12. The content of the material was trauma informed.	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 2 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.



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

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