

**SOAR BLENDED LEARNING
PARTICIPANT FEEDBACK**



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

Date of Expiration:

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.

PRETRAINING QUESTIONS:

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 for your date of birth: 08 for August)	(example: S for Sara)	(example: M for Maria)

Please rate your level of confidence in your ability to:

	Very Low	Low	High	Very High
1. Identify people who are at risk or have been trafficked	1	2	3	4
2. Develop or redefine your vision and mission statements	1	2	3	4
3. Serve individuals [at-risk of human trafficking] [recently out of a trafficking situation] [who were trafficked in the past]	1	2	3	4
4. Create a list of objectives for organizational change	1	2	3	4
5. Identify the elements of an action-planning process	1	2	3	4

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 1 minute. 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.

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WEEKLY EVALUATION QUESTIONS:

Please provide the information below to create an anonymous ID:

_____ _____ _____
 Birth Month First letter of first name First letter of your middle name
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 for your date of birth:
 08 for August)

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

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. As a result of this week’s training activities, I <insert learning objective>.	1	2	3	4
2. As a result of this week’s training activities, I <insert learning objective>.	1	2	3	4
3. As a result of this week’s training activities, I <insert learning objective>.	1	2	3	4
4. As a result of this week’s training activities, I <insert learning objective>.	1	2	3	4
5. As a result of this week’s training activities, I <insert learning objective>.	1	2	3	4

6. Did the instructor(s) provide feedback on the mastery of the learning objectives? Yes No

Please indicate the extent to which you agree or disagree with the following statements about the self-study materials for this week:

	Strongly Disagree	Disagree	Agree	Strongly Agree
7. The materials addressed the learning objectives clearly.	1	2	3	4
8. The materials addressed the critical issues related to the topic(s).	1	2	3	4
9. The time allotted was adequate for the scope of the self-study materials.	1	2	3	4
10. The content of the material was appropriate for my level of experience and knowledge.	1	2	3	4
11. The materials increased my knowledge related to the topics.	1	2	3	4
12. The materials increased my practical skills related to the topics.	1	2	3	4
13. I am satisfied with the overall quality of the materials.	1	2	3	4

Please indicate the extent to which you agree or disagree with the following statements about the webinar for this week:

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Stop. Observe. Ask. Respond to Human Trafficking
A Training for Health Care and Social Service Providers

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

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	Strongly Disagree	Disagree	Agree	Strongly Agree
14. The webinar addressed the learning objectives clearly.	1	2	3	4
15. The webinar addressed the critical issues related to the topic(s).	1	2	3	4
16. The time allotted was adequate for the scope of material covered.	1	2	3	4
17. The webinar was well organized and clear.	1	2	3	4
18. The material was appropriate for my level of experience and knowledge.	1	2	3	4
19. The webinar increased my knowledge related to the topics.	1	2	3	4
20. The webinar increased my practical skills related to the topics.	1	2	3	4
21. I am satisfied with the overall quality of the webinar.	1	2	3	4

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

Instructor 1: _____	Strongly Disagree	Disagree	Agree	Strongly Agree
22. The instructor demonstrated a comprehensive knowledge of the subject.	1	2	3	4
23. The instructor presented the content clearly and logically.	1	2	3	4
24. The instructor responded positively to questions and comments.	1	2	3	4
25. The instructor created a respectful environment for the participants.	1	2	3	4
Instructor 2: _____	Strongly Disagree	Disagree	Agree	Strongly Agree
26. The instructor demonstrated a comprehensive knowledge of the subject.	1	2	3	4
27. The instructor presented the content clearly and logically.	1	2	3	4
28. The instructor responded positively to questions and comments.	1	2	3	4
29. The instructor created a respectful environment for the participants.	1	2	3	4

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WEEK 4 (OR LAST WEEK OF TRAINING) EVALUATION QUESTIONS

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 rate your level of confidence in your ability to:

	Very Low	Low	High	Very High
6. Identify a person who is currently being trafficked, at risk of trafficking, or has been trafficked.	1	2	3	4
7. Develop/redefine your vision and mission statements	1	2	3	4
8. Serve individuals [at risk of human trafficking] [recently out of a trafficking situation] [who were trafficked in the past]	1	2	3	4
9. Create a list of objectives for organizational change	1	2	3	4
10. Identify elements of an action-planning process	1	2	3	4

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

	Strongly Disagree	Disagree	Agree	Strongly Agree
11. As a result of this week’s training activities, I <insert learning objective>.	1	2	3	4
12. As a result of this week’s training activities, I <insert learning objective>.	1	2	3	4
13. As a result of this week’s training activities, I <insert learning objective>.	1	2	3	4
14. As a result of this week’s training activities, I <insert learning objective>.	1	2	3	4
15. As a result of this week’s training activities, I <insert learning objective>.	1	2	3	4

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

Instructor 1: _____	Strongly Disagree	Disagree	Agree	Strongly Agree
16. The instructor demonstrated a comprehensive knowledge of the subject.	1	2	3	4
17. The instructor presented the content clearly and logically.	1	2	3	4

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18. The instructor responded positively to questions and comments.	1	2	3	4
19. The instructor created a respectful environment for the participants.	1	2	3	4
Instructor 2: _____	Strongly Disagree	Disagree	Agree	Strongly Agree
20. The instructor demonstrated a comprehensive knowledge of the subject.	1	2	3	4
21. The instructor presented the content clearly and logically.	1	2	3	4
22. The instructor responded positively to questions and comments.	1	2	3	4
23. The instructor created a respectful environment for the participants.	1	2	3	4

24. Did the instructor(s) provide feedback on the mastery of the learning objectives? Yes No

Please indicate the extent to which you agree or disagree with the following statements about the self-study materials for this week:

	Strongly Disagree	Disagree	Agree	Strongly Agree
25. The materials addressed the learning objectives clearly.	1	2	3	4
26. The materials addressed the critical issues related to the topic(s).	1	2	3	4
27. The time allotted was adequate for the scope of the self-study materials.	1	2	3	4
28. The content of the material was appropriate for my level of experience and knowledge.	1	2	3	4
29. The materials increased my knowledge related to the topics.	1	2	3	4
30. The materials increased my practical skills related to the topics.	1	2	3	4
31. I am satisfied with the overall quality of the materials.	1	2	3	4

Please indicate the extent to which you agree or disagree with the following statements about the webinar for this week:

	Strongly Disagree	Disagree	Agree	Strongly Agree
32. The webinar addressed the learning objectives clearly.	1	2	3	4
33. The webinar addressed the critical issues related to the topic(s).	1	2	3	4
34. The time allotted was adequate for the scope of material covered.	1	2	3	4
35. The webinar was well organized and clear.	1	2	3	4
36. The material was appropriate for my level of experience and knowledge.	1	2	3	4
37. The webinar increased my knowledge related to the topics.	1	2	3	4

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38. The webinar increased my practical skills related to the topics.	1	2	3	4
39. I am satisfied with the overall quality of the webinar.	1	2	3	4

OVERALL TRAINING EVALUATION QUESTIONS (FOR LAST WEEK OF TRAINING OR DISSEMINATED 1 WEEK AFTER COMPLETION OF THE COURSE)

Please provide the information below to create an anonymous ID:

_____	_____	_____
Birth Month	First letter of first name	First letter of your middle name
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For the next set of questions, please rate your responses based on the overall training:

1. Did you receive continuing education credits for completing the training? Yes No

Please click the number that best represents your rating for this training for each of the following questions:

2. Please rate the overall quality of this training.

1	2	3	4
Poor	Fair	Good	Very Good

3. Please rate the overall quality of the webinar portion of this training.

1	2	3	4
Poor	Fair	Good	Very Good

4. Please rate the overall quality of readings, videos (excluding webinars), and worksheets used in this training.

1	2	3	4
Poor	Fair	Good	Very Good

5. Please rate how well the webinars and other weekly learning materials complemented each other.

1	2	3	4
Poor	Fair	Good	Very Good

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

	Strongly Disagree	Disagree	Agree	Strongly Agree
6. I am confident that I will be able to use the knowledge and skills I learned during the SOAR training when I return to my job.	1	2	3	4
7. The training met my educational needs.	1	2	3	4
8. The training met my professional needs.	1	2	3	4
9. The educational materials provided during this training were useful.	1	2	3	4
10. The activities provided appropriate and effective opportunities for active learning (case studies, discussion, Q&A, etc.)	1	2	3	4
11. The time allotted was adequate for the scope of material covered.	1	2	3	4
12. The technology was easy to use.	1	2	3	4
13. The use of technology provided a good learning environment.	1	2	3	4
14. Overall, the instructors were knowledgeable about the content.	1	2	3	4
15. As a result of this SOAR training, I can <insert learning objective>.	1	2	3	4
16. As a result of this SOAR training, I can <insert learning objective>.	1	2	3	4
17. The training was survivor informed.	1	2	3	4
18. The training was trauma informed.	1	2	3	4
19. The training was based on current evidence-based research or promising practices.	1	2	3	4
20. The training reflects a public health approach to addressing human trafficking.	1	2	3	4
21. The training will be useful for my practice or for my professional development.	1	2	3	4
22. The training was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4
23. The training provided ample opportunity and encouragement for participants to meaningfully interact with each other.	1	2	3	4

24. As a result of participating in this SOAR training, 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 victims of trafficking
- 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

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- | | |
|---|--|
| € Improve technology/websites/infrastructure | € Train/educate others in content/skills learned |
| € Integrate victim-centered, survivor-informed strategies | € Raise public awareness/advocacy/outreach activities offered to victims |
| € Expand services or types of services | € Refer colleagues to NHTTAC events/resources |
| € Begin a new project or initiative | € Conduct research |
| € Develop/strengthen collaborative or strategic relationships | € Strengthen evaluation or needs assessment activities |
| € Network with other participants | € Improve identification and reporting methods for trafficking |
| € Share materials with colleagues | € Take additional training on human trafficking |
| € Provide information to clients/families/youth | € Other (please specify): _____ |

25. 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 | € Difficulty in establishing and/or maintaining a multidisciplinary team |
| € Lack of frontline support and accountability | € Variation in mission and regulatory frameworks when partnering with other organizations |
| € Continuous turnover | € Lack of information and/or data sharing among organizations |
| € Shortages of key personnel | € Lack of time to implement changes |
| € Competing priorities | € Lack of training for staff in how to implement change |
| € Inaccessible research and/or information | € Other (please explain): _____ |
| € Lack of urgency | |
| € Lack of shared responsibility across organizational collaboration | |
| € Lack of information sharing among organizations | |
| € Lack of time to implement changes | |

26. Would you recommend SOAR to others to receiving training? Yes No

27. What could be done differently to improve the training?

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

- | | |
|---|--|
| • Academic institution | • Nonprofit/community-based organization |
| • Anti-trafficking organization | • OTIP grantee |
| • Business/for-profit organization | • Self-employed |
| • Coalition/multidisciplinary team/task force | • Survivor-led organization |
| • Federal government | • Tribal government |
| • Faith-based organization | • Union/worker advocacy organization |
| • State/local government | • Victim service provider |
| | • Other (please specify): _____ |

29. 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) |

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- € 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): _____

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. Is your organization responsible for working with people who are currently being trafficked or have been trafficked?

- Yes No

32. 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

33. 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): _____

34. 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

35. 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

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- 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

Transgender

Other (please specify): _____

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

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