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.

**PRE-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)

[Note: Not all objectives listed below will be included in the evaluation form. Specific objectives will be selected from this list and tailored to each training.]

**Please rate your level of confidence in your ability to:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Overall Objectives | **Very Low** | **Low** | **High** | **Very High** |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| **STOP Objectives** | **Very Low** | **Low** | **High** | **Very High** |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| **OBSERVE Objectives** | **Very Low** | **Low** | **High** | **Very High** |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| **ASK Objectives** | **Very Low** | **Low** | **High** | **Very High** |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| **RESPOND Objectives** | **Very Low** | **Low** | **High** | **Very High** |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |

1. In your professional capacity, how frequently do you come into contact with people who are currently being trafficked, at risk of trafficking, or have been trafficked?

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **2** | **3** | **4** |
| *Never* | *Occasionally* | *Frequently* | *Daily* |

**POST-TRAINING 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)

[Note: Objectives selected for the posttest will mirror the objectives selected for the pretest].

**Please rate your level of confidence in your ability to:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Overall Objectives | **Very Low** | **Low** | **High** | **Very High** |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| **STOP Objectives** | **Very Low** | **Low** | **High** | **Very High** |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| **OBSERVE Objectives** | **Very Low** | **Low** | **High** | **Very High** |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| **ASK Objectives** | **Very Low** | **Low** | **High** | **Very High** |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| **RESPOND Objectives** | **Very Low** | **Low** | **High** | **Very High** |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |
| 1. <Insert learning objective>
 | 1 | 2 | 3 | 4 |

1. Are you applying for continuing education credits for completing this training? □ Yes □ No

If yes, please provide your first and last name and email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** |
| 1. I am confident that I will be able to use the knowledge and skills I learned during SOAR training when I return to my job.
 | 1 | 2 | 3 | 4 |
| 1. The training met my educational needs.
 | 1 | 2 | 3 | 4 |
| 1. The training met my professional needs.
 | 1 | 2 | 3 | 4 |
| 1. The educational materials provided during this training were useful.
 | 1 | 2 | 3 | 4 |
| 1. The use of technology provided a good learning environment.
 | 1 | 2 | 3 | 4 |
| 1. The training included current evidence-based research or promising practices.
 | 1 | 2 | 3 | 4 |
| 1. I learned a great deal as a result of this training.
 | 1 | 2 | 3 | 4 |
| 1. The training was survivor informed.
 | 1 | 2 | 3 | 4 |
| 1. The training was trauma informed.
 | 1 | 2 | 3 | 4 |
| 1. The training was based on current evidence-based research or promising practices.
 | 1 | 2 | 3 | 4 |
| 1. The training was grounded in a multidisciplinary approach to addressing human trafficking.
 | 1 | 2 | 3 | 4 |
| 1. The training reflected a public health approach to addressing human trafficking.
 | 1 | 2 | 3 | 4 |

1. Please rate the overall quality of this training.

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

1. As a result of participating in the 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/identified 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 victims
* 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
* Lack of information sharing among organizations
* Lack of time to implement changes
* Difficulty in establishing and/or maintaining a multidisciplinary team
* 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. What suggestions do you have for improving future trainings?

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

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

1. Would you recommend this SOAR training to others? □ Yes □ No
2. 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/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 currently 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 SOAR activities.***