



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 for your <i>date of birth</i> : 08 for August)	(example: S for Sara)	(example: M for Maria)

[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
2. <Insert learning objective>	1	2	3	4
3. <Insert learning objective>	1	2	3	4
4. <Insert learning objective>	1	2	3	4
STOP Objectives	Very Low	Low	High	Very High
5. <Insert learning objective>	1	2	3	4
6. <Insert learning objective>	1	2	3	4
7. <Insert learning objective>	1	2	3	4
8. <Insert learning objective>	1	2	3	4
9. <Insert learning objective>	1	2	3	4
10. <Insert learning objective>	1	2	3	4
OBSERVE Objectives	Very Low	Low	High	Very High
11. <Insert learning objective>	1	2	3	4
12. <Insert learning objective>	1	2	3	4
13. <Insert learning objective>	1	2	3	4
ASK Objectives	Very Low	Low	High	Very High
14. <Insert learning objective>	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.



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

15. <Insert learning objective>	1	2	3	4
16. <Insert learning objective>	1	2	3	4
RESPOND Objectives	Very Low	Low	High	Very High
17. <Insert learning objective>	1	2	3	4
18. <Insert learning objective>	1	2	3	4
19. <Insert learning objective>	1	2	3	4
20. <Insert learning objective>	1	2	3	4
21. <Insert learning objective>	1	2	3	4
22. <Insert learning objective>	1	2	3	4

23. 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
<i>Never</i>	<i>Occasionally</i>	<i>Frequently</i>	<i>Daily</i>

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.

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
2. <Insert learning objective>	1	2	3	4
3. <Insert learning objective>	1	2	3	4
4. <Insert learning objective>	1	2	3	4
5. <Insert learning objective>	1	2	3	4
STOP Objectives	Very Low	Low	High	Very High
6. <Insert learning objective>	1	2	3	4
7. <Insert learning objective>	1	2	3	4
8. <Insert learning objective>	1	2	3	4
9. <Insert learning objective>	1	2	3	4
10. <Insert learning objective>	1	2	3	4
11. <Insert learning objective>	1	2	3	4
OBSERVE Objectives	Very Low	Low	High	Very High
12. <Insert learning objective>	1	2	3	4
13. <Insert learning objective>	1	2	3	4
14. <Insert learning objective>	1	2	3	4
ASK Objectives	Very Low	Low	High	Very High
15. <Insert learning objective>	1	2	3	4
16. <Insert learning objective>	1	2	3	4
17. <Insert learning objective>	1	2	3	4
RESPOND Objectives	Very Low	Low	High	Very High
18. <Insert learning objective>	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 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.



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

19. <Insert learning objective>	1	2	3	4
20. <Insert learning objective>	1	2	3	4
21. <Insert learning objective>	1	2	3	4
22. <Insert learning objective>	1	2	3	4
23. <Insert learning objective>	1	2	3	4

24. 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
25. 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
26. The training met my educational needs.	1	2	3	4
27. The training met my professional needs.	1	2	3	4
28. The educational materials provided during this training were useful.	1	2	3	4
29. The use of technology provided a good learning environment.	1	2	3	4
30. The training included current evidence-based research or promising practices.	1	2	3	4
31. I learned a great deal as a result of this training.	1	2	3	4
32. The training was survivor informed.	1	2	3	4
33. The training was trauma informed.	1	2	3	4
34. The training was based on current evidence-based research or promising practices.	1	2	3	4
35. The training was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4
36. The training reflected a public health approach to addressing human trafficking.	1	2	3	4

37. Please rate the overall quality of this training.

1	2	3	4
Poor	Fair	Good	Excellent

38. 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

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.



- € 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): _____

39. 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): _____

40. What suggestions do you have for improving future trainings?

41. Would you recommend this SOAR training to others? Yes No

42. 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): _____

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.

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

- Yes No

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

- | | |
|---|---|
| <input type="checkbox"/> Behavioral health professional (e.g., psychologist, psychiatrist, mental health/substance use counselor) | <input type="checkbox"/> Legal (e.g., immigration, civil and/or rights-based attorney and/or paralegal, clinic) |
| <input type="checkbox"/> Child welfare (e.g., state agency staff, child welfare contractor, nonprofit personnel) | <input type="checkbox"/> Public health (e.g., licensure board, health department staff, health care executive, community health workers) |
| <input type="checkbox"/> Corrections-based services (e.g., parole, probation) | <input type="checkbox"/> Social worker (e.g., case manager, school counselor, supervisor, administrator) |
| <input type="checkbox"/> Criminal justice (e.g., law enforcement, prosecutor, probation, court, forensic interviewer) | <input type="checkbox"/> Survivor empowerment, mentoring, or peer to peer |
| <input type="checkbox"/> Educator (e.g., teacher, professor, school administrator) | <input type="checkbox"/> Violence prevention (e.g., child abuse and neglect, elder abuse, domestic violence, sexual violence, youth violence) |
| <input type="checkbox"/> Health care (e.g., physician, physician assistant, nurse practitioner, dentist, nurse, pharmacist) | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Housing (e.g., case worker, shelter director, public housing authority agencies) | |

45. 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>

46. 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

47. 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): _____

48. 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

49. 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

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.



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

- 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): _____

50. 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): _____

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

Hispanic or Latino

Middle Eastern or North African

Other (please specify): _____

52. 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.

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.