*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**.*

 Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Which of the following **best** describes the reason your organization incorporated SOAR training into its learning management system (LMS)? **(Mark one.)**

□ To better provide services to victims/at-risk populations

□ For use in program development/operations

□ For education/community outreach

□ To train staff/faculty/victim service providers

* To address a training mandate

□ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In the past year, approximately how many employees at your organization took the SOAR training? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. In the past year, approximately how many employees worked at your organization? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How was the LMS training disseminated in the organization? □ Optional □ Mandatory
4. Was it required for nonmanagement personnel? □ Yes □ No
5. Was it required for management? □ Yes □ No
6. Does your organization have a current policy for when a person who is currently being trafficked, at risk of trafficking, or has been trafficked receives services about:
* Screening
* Referrals
* Reporting
* <Insert content>
* <Insert content>
* <Insert content**>**
1. In the past year, have you changed your policies for when a person who is currently being trafficked, at risk of trafficking, or has been trafficked receives services about:
* Screening
* Referrals
* Reporting
* <Insert content>
* <Insert content>
* <Insert content>

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CONTENT | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** |
| 1. The training content was applicable to our organization.
 | 1 | 2 | 3 | 4 |
| 1. The training content helped our organization improve its efforts to **prevent** human trafficking.
 | 1 | 2 | 3 | 4 |
| 1. The training content helped our organization improve its efforts to **identify** human trafficking.
 | 1 | 2 | 3 | 4 |
| 1. The training content helped our organization improve its efforts to **respond** to human trafficking.
 | 1 | 2 | 3 | 4 |
| 1. The training content was helpful to our organization for developing or revising internal protocols
 | 1 | 2 | 3 | 4 |
| 1. The training content was helpful to our organization to expand our referral and resource networks.
 | 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 grounded in a multidisciplinary approach to addressing human trafficking
 | 1 | 2 | 3 | 4 |
| 1. The training reflects a public health approach to addressing human trafficking.
 | 1 | 2 | 3 | 4 |
| LOGISTICS | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** |
| 1. NHTTAC was helpful in assisting our organization to incorporate SOAR into our Learning Management System.
 | 1 | 2 | 3 | 4 |
| 1. The process for integrating the training into our organization’s LMS was clearly explained.
 | 1 | 2 | 3 | 4 |
| 1. The training format was a good fit for our organization.
 | 1 | 2 | 3 | 4 |
| 1. The continuing education requirements were clearly explained.
 | 1 | 2 | 3 | 4 |
| 1. The training content was appropriate for our organization.
 | 1 | 2 | 3 | 4 |

1. Please rank order the modules from 1 (least relevant) to 7 (most relevant) that align with the training needs of your organization.

\_\_\_Module 1: <Insert name>

\_\_\_Module 2: <Insert name>

\_\_\_Module 3: <Insert name>

\_\_\_Module 4: <Insert name>

\_\_\_Module 5: <Insert name>

\_\_\_Module 6: <Insert name>

\_\_\_Module 7: <Insert name>

1. Please rate the overall quality of this training.

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

1. Were there any technical problems? □ Yes □ No

If yes, were the technical issues with the: □ SOAR training content □ Organization’s system

 □ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What additional resources could NHTTAC have provided to your organization to help facilitate the incorporation of this SOAR training?

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

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

1. Has your organization proposed or changed policies pertaining to victims of human trafficking since receiving the training?

 □ Yes □ No

If yes, what are the proposed or implemented policies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In the past year, have you assisted other organizations with their policy changes for victims of human trafficking?

 □ Yes □ No

If yes, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What are other opportunities for policy and process change at your organization? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Would you recommend this SOAR online training to other organizations? □ Yes □ No
3. How frequently does your organization 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. 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 organization? **(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. Which of the following **best** describes the types of services your organization provides? **(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. Which of the following **best** describes your organization’s 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 your organization current works 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. Do you have any comments or suggestions for future SOAR-related trainings?

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

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

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