

**SOAR ORGANIZATIONAL
LMS FEEDBACK FORM**



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.

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): _____
2. In the past year, approximately how many employees at your organization took the SOAR training? _____
3. In the past year, approximately how many employees worked at your organization? _____
4. How was the LMS training disseminated in the organization? Optional Mandatory
5. Was it required for nonmanagement personnel? Yes No
6. Was it required for management? Yes No
7. 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:

<input checked="" type="checkbox"/> Screening	<input type="checkbox"/> <Insert content>
<input checked="" type="checkbox"/> Referrals	<input type="checkbox"/> <Insert content>
<input checked="" type="checkbox"/> Reporting	<input type="checkbox"/> <Insert content>
8. 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:

<input checked="" type="checkbox"/> Screening	<input type="checkbox"/> <Insert content>
<input checked="" type="checkbox"/> Referrals	<input type="checkbox"/> <Insert content>
<input checked="" type="checkbox"/> Reporting	<input type="checkbox"/> <Insert content>

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

CONTENT	Strongly Disagree	Disagree	Agree	Strongly Agree
9. The training content was applicable to our organization.	1	2	3	4
10. The training content helped our organization improve	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 8 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.

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

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its efforts to prevent human trafficking.				
11. The training content helped our organization improve its efforts to identify human trafficking.	1	2	3	4
12. The training content helped our organization improve its efforts to respond to human trafficking.	1	2	3	4
13. The training content was helpful to our organization for developing or revising internal protocols	1	2	3	4
14. The training content was helpful to our organization to expand our referral and resource networks.	1	2	3	4
15. The training was survivor-informed.	1	2	3	4
16. The training was trauma-informed.	1	2	3	4
17. The training was grounded in a multidisciplinary approach to addressing human trafficking	1	2	3	4
18. The training reflects a public health approach to addressing human trafficking.	1	2	3	4
LOGISTICS	Strongly Disagree	Disagree	Agree	Strongly Agree
19. NHTTAC was helpful in assisting our organization to incorporate SOAR into our Learning Management System.	1	2	3	4
20. The process for integrating the training into our organization's LMS was clearly explained.	1	2	3	4
21. The training format was a good fit for our organization.	1	2	3	4
22. The continuing education requirements were clearly explained.	1	2	3	4
23. The training content was appropriate for our organization.	1	2	3	4

24. 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>

25. Please rate the overall quality of this training.

1	2	3	4
Poor	Fair	Good	Excellent

26. Were there any technical problems? Yes No

If yes, were the technical issues with the: SOAR training content Organization's system
 Other (please specify): _____

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

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28. 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?

29. In the past year, have you assisted other organizations with their policy changes for victims of human trafficking?
 Yes No

If yes, please explain.

30. What are other opportunities for policy and process change at your organization?

31. Would you recommend this SOAR online training to other organizations? Yes No

32. 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
<i>Never</i>	<i>Occasionally</i>	<i>Frequently</i>	<i>Daily</i>

33. Is your organization responsible for working with people who are currently being trafficked or have been trafficked?
 Yes No

34. 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): _____

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35. 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): _____

36. Which of the following **best** describes your organization's geographic population? **(Mark all that apply.)**

- National
- State (please specify): _____
- Tribal
- International (please specify country): _____
- Local
- Urban
- Rural
- Suburban

37. 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): _____

38. 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.

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