Form Approved

 OMB No. 0990-0379

 Exp. Date XX/XX/2020

# IV. Draft Post-Training Evaluation Survey

Feedback Set Preview

**Set Name: Activity Evaluation Raising Awareness of Human Trafficking Among School Personnel Training**

**Pre-test**

| Rate your level of confidence in being able to: |
| --- |
| 1. Describe the types of human trafficking in the United States
 | * Very Low
* Low
* Moderate
* High
* Very High
 |
| 1. Recognize possible indicators of human trafficking
 | * Very Low
* Low
* Moderate
* High
* Very High
 |
| 1. Demonstrate how to identify and respond to potential trafficking victims
 | * Very Low
* Low
* Moderate
* High
* Very High
 |
| 1. Respond appropriately to potential human trafficking in your community
 | * Very Low
* Low
* Moderate
* High
* Very High
 |

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|  |  |
| --- | --- |
| 1. Share the importance of human trafficking awareness and responsiveness with others in your work environment
 | * Very Low
* Low
* Moderate
* High
* Very High
 |

**Post-test**

I. OVERALL ACTIVITY OBJECTIVES

| Rate your level of confidence in being able to: |
| --- |
| 1. Describe the types of human trafficking in the United States
 | * Very Low
* Low
* Moderate
* High
* Very High
 |
| 1. Recognize possible indicators of human trafficking
 | * Very Low
* Low
* Moderate
* High
* Very High
 |
| 1. Demonstrate how to identify and respond to potential trafficking victims
 | * Very Low
* Low
* Moderate
* High
* Very High
 |
| 1. Respond appropriately to potential human trafficking in your community
 | * Very Low
* Low
* Moderate
* High
* Very High
 |
| 1. Share the importance of human trafficking awareness and responsiveness with others in your work environment
 | * Very Low
* Low
* Moderate
* High
* Very High
 |

II. COMMITMENT TO CHANGE

1. Which of the following tools and strategies do you commit to using in your work environment with regard to advocacy for potential victims of human trafficking? Please select all that apply:

Add human trafficking topic to Meetings/Briefs/Huddles

Debrief others on this training

Encourage team members to speak up and challenge when appropriate

Share resources

Display tips and referral information in prominent work areas

None

Other (please explain):

1. Of these barriers listed below which do you believe will be a SIGNIFICANT CHALLENGE to keeping your commitment to change (check all that apply)?

Lack of senior leadership support

Lack of frontline champions/coaches/trainers

Lack of frontline leadership support and accountability

Continuous turnover and shortages of key personnel

Competing priorities/Lack of urgency

Other (please explain):

III. IMPACT OF TRAINING

1. I am confident that I will be able to use the knowledge and skills that I learned during training when I return to my job.
* Strongly Agree
* Agree
* Neutral/Moderate
* Disagree
* Strongly Disagree

IV. COURSE CONTENT AND DELIVERY

1. This training activity met my educational needs.
* Strongly Agree
* Agree
* Neutral/Moderate
* Disagree
* Strongly Disagree
1. The educational materials provided during this training were useful.
* Strongly Agree
* Agree
* Neutral/Moderate
* Disagree
* Strongly Disagree
1. The activity provided appropriate and effective opportunities for active learning (e.g., case studies, discussion, Q&A, etc.)
* Strongly Agree
* Agree
* Neutral/Moderate
* Disagree
* Strongly Disagree
1. Overall were the instructors knowledgeable regarding the content?
* Yes
* No
1. How much did you learn as a result of this program?

     

A Great Deal Very Little

1. How useful was the content of this program for your practice or other professional development?

     

Extremely Useful Not Useful

1. What aspects of this training activity were most beneficial?

16.

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What could improve this training activity?

V. PARTICIPANT AFFILIATION

17.Where do you primarily interact with students? Please select only ONE.

* Classroom
* Hallways
* Office
* School Bus
* Cafeteria
* Gym
* Other (please explain):

