



In order to help NHTTAC better serve the National Advisory Committee (NAC), 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.

Please provide the information below to create an anonymous ID:

Birth Month (insert just the month for your <i>date of birth</i> , example: 08 for August)	First letter of first name (example: S for Sara)	First letter of your middle name (example: M for Maria)
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1. In the past 12 months, how many NAC meetings have you participated in?

2. Please rate the quality of the NAC meeting(s) that you have attended.

1	2	3	4
<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>

3. Please rate the quality of the NAC webinar(s) that you have attended.

1	2	3	4
<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>

Please indicate how well the NAC has achieved the following objectives.

OVERALL OBJECTIVES	Poor	Fair	Good	Excellent
4. [Insert objective 1].	1	2	3	4
5. [Insert objective 2].	1	2	3	4
6. [Insert objective 3].	1	2	3	4
7. [Insert objective 4].	1	2	3	4
8. [Insert objective 5].	1	2	3	4

9. As a result of my involvement in the NAC, I made meaningful connections with other professionals in the field of human trafficking identification, prevention, and service provision.

1	2	3	4
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</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 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.



10. How would you describe the level of collaboration among NAC members?

1	2	3	4
<i>Very weak</i>	<i>Weak</i>	<i>Strong</i>	<i>Very strong</i>

11. How often would you like to meet in person with NAC members? _____

12. How would human trafficking service provision be impacted if the NAC did not exist?

13. Looking ahead, what additional activities can the NAC undertake to further collaboration and information sharing that would be useful to members?

Please indicate the extent to which you agree or disagree with the following statements about NHTTAC's contribution to the NAC:

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
14. NHTTAC has been helpful in orienting new members to the NAC.	1	2	3	4	NA
15. There has been good communication between NHTTAC and the NAC.	1	2	3	4	NA
16. The information NHTTAC has shared with the public reflects a public health approach to addressing human trafficking.	1	2	3	4	NA
17. NHTTAC has been supportive in meeting planning.	1	2	3	4	NA
18. NHTTAC has been helpful through their onsite meeting support.	1	2	3	4	NA

19. Based on your interactions with NHTTAC on the NAC, would you recommend NHTTAC to others to receive T/TA?

Yes No

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20. What do you think are the most important activities that the NAC should prioritize?

21. Please provide any comments or suggestions on how the NAC can be improved.

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

Yes No

23. 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>All the Time</i>

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

OVERALL ASSISTANCE	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
1. NHTTAC staff was responsive to my questions and needs.	1	2	3	4	NA
2. The information/assistance I received was easy for me to understand.	1	2	3	4	NA
3. The information/assistance I received was grounded in current evidence-based research or promising practices.	1	2	3	4	NA
4. The information/assistance I received was trauma-informed.	1	2	3	4	NA
5. The information/assistance I received was survivor-informed.	1	2	3	4	NA
6. The information/assistance I received was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA
7. The information/assistance I received reflected a public health approach to addressing human trafficking.	1	2	3	4	NA
8. The information/assistance I received will help me in my work.	1	2	3	4	NA
9. The information/assistance I received met my professional needs.	1	2	3	4	NA
10. The information/assistance I received met my educational needs.	1	2	3	4	NA
11. I am satisfied with the information/assistance I received.	1	2	3	4	NA
12. I will return to NHTTAC staff for my training and technical assistance needs.	1	2	3	4	NA

13. Please rate the overall quality of the assistance you received.

1	2	3	4
<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>



14. How did you first hear about NHTTAC?

- | | |
|---|---|
| <input type="checkbox"/> The NHTTAC Website | <input type="checkbox"/> My OTIP program monitor or other OTIP staff person |
| <input type="checkbox"/> An exhibit or presentation at a conference | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> A link from another website/Searching the Internet | _____ |
| <input type="checkbox"/> A colleague or friend | |
| <input type="checkbox"/> A publication or newsletter | |

15. How often have you used NHTTAC in the last 12 months?

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 1 – 3 times | <input type="checkbox"/> 7 – 9 times |
| <input type="checkbox"/> 4 – 6 times | <input type="checkbox"/> 10+ times |

16. How did you most recently access NHTTAC? (Mark all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> NHTTAC Website | <input type="checkbox"/> Email |
| <input type="checkbox"/> Toll-free number for Call Center | <input type="checkbox"/> TTY |
| <input type="checkbox"/> OTIP program monitor or other OTIP staff person | <input type="checkbox"/> Other (please specify): |
- _____

17. Why did you use/contact NHTTAC? (Mark all that apply.)

- Request general information about OTIP or NHTTAC
- Obtain a referral for direct services
- Access online materials or training
- Join the listserv or mailing list
- Apply to be a consultant/trainer
- Obtain information on services for people who are currently being trafficked, at risk of trafficking, or have been trafficked.
- Acquire help for technical problems on website
- Request or apply for assistance:
 - Technical assistance
 - Training
- Funding for a conference/event or speaker
- Other (please specify): _____

18. In general, how promptly was your request(s) acknowledged?

- | | | |
|--|---|--|
| <input type="checkbox"/> Within 24 hours | <input type="checkbox"/> Between 3-5 days | <input type="checkbox"/> More than a week |
| <input type="checkbox"/> Between 24-48 hours | <input type="checkbox"/> Between 6-7 days | <input type="checkbox"/> My request was not acknowledged |

19. Would you recommend NHTTAC to others to receive T/TA? Yes No

20. Do you have any other comments or suggestions?

21. Which of the following **best** describes the organization in which you work? (Mark all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Academic institution | <input type="checkbox"/> Business/For-profit organization |
| <input type="checkbox"/> Anti-trafficking organization | <input type="checkbox"/> Coalition/Multidisciplinary team/Task force |



- Federal government
- Faith-based organization
- State and 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: _____

22. 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): _____

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

- Yes
- No

24. Which of the following **best** describes the number of years of experience you have in your current field of work? (**Mark one.**)

- Less than 3 years
- 3 to 5 years
- 6 to 10 years
- More than 10 years

25. 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): _____

26. 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	All the Time

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27. Which of the following **best** describes your geographic population? (**Mark all that apply.**)

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> National | <input type="checkbox"/> Local |
| <input type="checkbox"/> State (please specify): _____ | <input type="checkbox"/> Urban |
| <input type="checkbox"/> Tribal | <input type="checkbox"/> Rural |
| <input type="checkbox"/> International (please specify country):
_____ | <input type="checkbox"/> Suburban |

28. Please select any of the following populations you currently work with in a professional capacity (**Mark all that apply.**)

- | | |
|--|---|
| <input type="checkbox"/> Human trafficking <ul style="list-style-type: none"><input type="checkbox"/> Commercial sexual exploitation of children<input type="checkbox"/> Sex trafficking<ul style="list-style-type: none"><input type="checkbox"/> Adults<input type="checkbox"/> Minors<input type="checkbox"/> Labor trafficking<ul style="list-style-type: none"><input type="checkbox"/> Adults<input type="checkbox"/> Minors | <input type="checkbox"/> Lesbian, gay, bisexual, transgender, and questioning |
| <input type="checkbox"/> Children/youth <ul style="list-style-type: none"><input type="checkbox"/> Out of home/Foster care/Kinship care<input type="checkbox"/> Juvenile justice<input type="checkbox"/> Runaway/Homeless youth | <input type="checkbox"/> Foreign nationals (migrant workers, undocumented immigrants, refugees) |
| <input type="checkbox"/> People with disabilities | <input type="checkbox"/> People with low incomes |
| <input type="checkbox"/> Deaf/Hearing impaired | <input type="checkbox"/> Racial and ethnic minorities <ul style="list-style-type: none"><input type="checkbox"/> American Indian or Alaska Native<input type="checkbox"/> Asian<input type="checkbox"/> Black or African American<input type="checkbox"/> Native Hawaii or other Pacific Islander<input type="checkbox"/> White<input type="checkbox"/> Hispanic or Latino ethnicity |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> History of substance use |
| | <input type="checkbox"/> Domestic and dating violence |
| | <input type="checkbox"/> Gang-related crime |
| | <input type="checkbox"/> Sexual abuse/Violence |
| | <input type="checkbox"/> Other (Please specify): _____ |

29. 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): _____

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

- Hispanic or Latino
- Middle Eastern or North African
- Other (please specify): _____

31. What is your gender? (**Mark all that apply.**)

- Male
- Female
- Transgender
- Other (please specify): _____

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**CONFERENCE SESSION
FEEDBACK
Protocol**



NATIONAL HUMAN TRAFFICKING TRAINING AND TECHNICAL ASSISTANCE CENTER OMB Control Number: 0970-XXXX
Expiration Date: XX/XX/XXXX

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CONFERENCE: _____ SESSION: _____
DATE(S): _____
PRESENTER(S): _____

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*,
example: 08 for August)

Please rate how well the session met each of its stated objectives.

OVERALL OBJECTIVES	Poor	Satisfactory	Good	Excellent	Not Applicable
1. [Insert objective 1].	1	2	3	4	NA
2. [Insert objective 2].	1	2	3	4	NA
3. [Insert objective 3].	1	2	3	4	NA
4. [Insert objective 4].	1	2	3	4	NA
5. [Insert objective 5].	1	2	3	4	NA

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

PRESENTER/FACILITATOR 1: _____	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
6. The presenter's knowledge and expertise were appropriate for this session.	1	2	3	4	NA
7. The presenter delivered the content of the session clearly and logically.	1	2	3	4	NA
8. The presenter responded positively to questions and comments.	1	2	3	4	NA
9. The presenter created a respectful environment for participants.	1	2	3	4	NA
10. The presenter encouraged and initiated helpful discussions.	1	2	3	4	NA

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PRESENTER/FACILITATOR 2: _____	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
11. The presenter’s knowledge and expertise were appropriate for this session.	1	2	3	4	NA
12. The presenter delivered the content of the session clearly and logically.	1	2	3	4	NA
13. The presenter responded positively to questions and comments.	1	2	3	4	NA
14. The presenter created a respectful environment for participants.	1	2	3	4	NA
15. The presenter encouraged and initiated helpful discussions.	1	2	3	4	NA
CONFERENCE SESSION FEEDBACK	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
16. The session addressed the critical issues related to the topic(s).	1	2	3	4	NA
17. The session was well organized and clear.	1	2	3	4	NA
18. The session increased my knowledge related to the topic(s).	1	2	3	4	NA
19. The information presented in the session was grounded in current evidence-based research or promising practices.	1	2	3	4	NA
20. The information presented in the session was trauma-informed.	1	2	3	4	NA
21. The information presented in the session was survivor-informed.	1	2	3	4	NA
22. The information presented in the session was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA
23. The information provided in the session reflected a public health approach to addressing human trafficking.	1	2	3	4	NA
24. The session improved my ability to serve people who are currently being trafficked, at risk of trafficking, or have been trafficked.	1	2	3	4	NA
25. The meeting space and use of technology provided a good learning environment.	1	2	3	4	NA
26. The time allotted was adequate for the scope of material covered.	1	2	3	4	NA
27. The education materials provided for this session were useful.	1	2	3	4	NA
28. I will share the information I learned at the session with my colleagues.	1	2	3	4	NA
29. The session increased my practical skills related to the topic(s).	1	2	3	4	NA
30. The session met my professional needs.	1	2	3	4	NA
31. The session met my educational needs.	1	2	3	4	NA
32. I will be able to apply what I learned in my work.	1	2	3	4	NA

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Please click the number that best represents your rating for this session for each of the following questions.

33. Please rate the overall quality of this session.

1	2	3	4
<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>

34. How useful was the session information to your work?

1	2	3	4
<i>Not Useful</i>	<i>Somewhat Useful</i>	<i>Useful</i>	<i>Very Useful</i>

35. As a result of participating in this session, do you plan to do any of the following? (**Mark all that apply.**)

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Change my management/leadership or interpersonal communication style <input type="checkbox"/> Further develop skills and knowledge about serving people who are currently being trafficked, at risk of trafficking, or have been trafficked <input type="checkbox"/> Write grants/fundraise/identify new funding resources <input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enhance vision, mission, or strategic plan <input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enact policy changes at my organization <input type="checkbox"/> Improve programs/practices <input type="checkbox"/> Improve technology/websites/infrastructure <input type="checkbox"/> Integrate victim-centered, survivor-informed strategies <input type="checkbox"/> Expand services or types of services <input type="checkbox"/> Begin a new project or initiative | <ul style="list-style-type: none"> <input type="checkbox"/> Develop/strengthen collaborative or strategic relationships <input type="checkbox"/> Network with other participants <input type="checkbox"/> Share materials with colleagues <input type="checkbox"/> Provide information to clients/families/youth <input type="checkbox"/> Train/educate others in content/skills learned <input type="checkbox"/> Raise public awareness/advocacy/outreach activities offered to people who are currently being trafficked, at risk of trafficking, or have been trafficked <input type="checkbox"/> Refer colleagues to NHTTAC events/resources <input type="checkbox"/> Conduct research <input type="checkbox"/> Strengthen evaluation or needs assessment activities <input type="checkbox"/> Improve identification and reporting methods for trafficking <input type="checkbox"/> Take additional training on human trafficking <input type="checkbox"/> Other (please specify): _____ |
|---|--|

36. 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.**)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Lack of senior leadership support <input type="checkbox"/> Lack of frontline support and accountability <input type="checkbox"/> Continuous turnover <input type="checkbox"/> Shortages of key personnel <input type="checkbox"/> Competing priorities <input type="checkbox"/> Inaccessible research and/or information <input type="checkbox"/> Lack of urgency <input type="checkbox"/> Lack of shared responsibility across organizational collaboration <input type="checkbox"/> Difficulty in establishing and/or maintaining a multi-disciplinary team | <ul style="list-style-type: none"> <input type="checkbox"/> Need for partnership building with other organizations <input type="checkbox"/> Variation in mission and regulatory frameworks when partnering with other organizations <input type="checkbox"/> Lack of information and/or data sharing among organizations <input type="checkbox"/> Lack of time to implement changes <input type="checkbox"/> Lack of training for staff in how to implement change <input type="checkbox"/> Other (please explain): _____ |
|--|---|

37. Would you recommend NHTTAC to others for T/TA? Yes No

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38. What aspects of the session were most helpful and why?

39. What could be done differently to improve the session?

40. Do you have any other comments or suggestions?

41. Which of the following **best** describes the organization in which you work? (**Mark all that apply.**)

- | | |
|--|---|
| <input type="checkbox"/> Academic institution | <input type="checkbox"/> OTIP grantee |
| <input type="checkbox"/> Anti-trafficking organization | <input type="checkbox"/> Self-employed |
| <input type="checkbox"/> Business/For-profit organization | <input type="checkbox"/> Survivor-led organization |
| <input type="checkbox"/> Coalition/Multidisciplinary team/Task force | <input type="checkbox"/> Tribal government |
| <input type="checkbox"/> Federal government | <input type="checkbox"/> Union/Worker advocacy organization |
| <input type="checkbox"/> Faith-based organization | <input type="checkbox"/> Victim service provider |
| <input type="checkbox"/> State and local government | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> Nonprofit/Community-based organization | |

42. 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"/> Housing (e.g., case worker, shelter director, public housing authority agencies) |
| <input type="checkbox"/> Child welfare (e.g., state agency staff, child welfare contractor, nonprofit personnel) | <input type="checkbox"/> Legal (e.g., immigration, civil and/or rights-based attorney and/or paralegal, clinic) |
| <input type="checkbox"/> Corrections-based services (e.g., parole, probation) | <input type="checkbox"/> Public health (e.g., licensure board, health department staff, health care executive, community health workers) |
| <input type="checkbox"/> Criminal justice (e.g., law enforcement, prosecutor, probation, court, forensic interviewer) | <input type="checkbox"/> Social worker (e.g., case manager, school counselor, supervisor, administrator) |
| <input type="checkbox"/> Educator (e.g., teacher, professor, school administrator) | <input type="checkbox"/> Survivor empowerment, mentoring, or peer to peer |
| <input type="checkbox"/> Professional capacity/types of services, continued | <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): _____ |

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

- Yes No

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44. Which of the following **best** describes the number of years of experience you have in your current field of work? **(Mark one.)**

Less than 3 years 3 to 5 years 6 to 10 years More than 10 years

45. 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): _____

46. 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>All the Time</i>

47. 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

48. 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
- Domestic and dating violence
- Gang-related crime
- Sexual abuse/Violence
- Other (Please specify): _____

Thank you for taking the time to complete this form and helping to improve NHTTAC 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 10 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.



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.

TRAINING/TECHNICAL ASSISTANCE (T/TA): _____
 DATE(S): _____
 NHTTAC COORDINATOR: _____

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)

Please indicate the number that best represents your rating for each of the following questions.

1. How satisfied were you with the overall quality of the support you received from NHTTAC staff to complete this T/TA?

1	2	3	4
Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied

2. How satisfied were you with your overall experience with NHTTAC staff?

1	2	3	4
Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied

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

OVERALL T/TA	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
3. NHTTAC was detail oriented and thorough in the planning of the T/TA.	1	2	3	4	NA
4. NHTTAC was responsive to my questions and needs.	1	2	3	4	NA
5. Discussions with NHTTAC helped me to identify critical issues and understand the needs of participants prior to the T/TA.	1	2	3	4	NA
6. NHTTAC provided me with the necessary information and resources to help me adequately prepare for the T/TA.	1	2	3	4	NA
7. The information developed or provided in the T/TA was based on current evidence-based research or promising practices.	1	2	3	4	NA
8. The time allotted was adequate for the scope of material covered.	1	2	3	4	NA

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9. The information [developed for the T/TA] [provided to the participants] was survivor informed.	1	2	3	4	NA
10. The T/TA was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA
11. The T/TA reflected a public health approach to addressing human trafficking.	1	2	3	4	NA
12. The T/TA was trauma informed.	1	2	3	4	NA

13. What obstacles or challenges, if any, did you encounter in the planning or delivery of this T/TA?

14. In what language was the training delivered? English Spanish

15. How prepared did you feel for the delivery of the training?

1	2	3	4
<i>Not At All Prepared</i>	<i>Somewhat Prepared</i>	<i>Mostly Prepared</i>	<i>Very Prepared</i>

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

PROFESSIONAL DEVELOPMENT AND EXPERTISE	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
16. NHTTAC respected my perspective about <insert topic>	1	2	3	4	NA
17. This was an appropriate outlet for using my skill sets and knowledge.	1	2	3	4	NA
18. Participating in the T/TA as a consultant enhanced my communication skills.	1	2	3	4	NA
19. Participating in the T/TA strengthened my confidence to consult in future T/TA events.	1	2	3	4	NA
20. As a consultant for NHTTAC, I have improved my leadership competencies.	1	2	3	4	NA
21. As a consultant for NHTTAC, I have more opportunities to collaborate with other professionals in the field.	1	2	3	4	NA
22. Overall, consulting for the T/TA contributed to my professional development.	1	2	3	4	NA

23. Would you recommend others to be a consultant for NHTTAC? Yes No

24. Would you recommend NHTTAC to others who need T/TA? Yes No

25. Do you have any other comments or suggestions about how to improve the NHTTAC’s consultant network and/or NHTTAC consulting experience??

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26. What is your NHTTAC consultant category? Survivor Impact Training/Technical Assistance (T/TA) Expert

27. Which of the following **best** describes the organization in which you work? (Mark all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Anti-trafficking organization | <input type="checkbox"/> Self-employed |
| <input type="checkbox"/> Business/For-profit organization | <input type="checkbox"/> Survivor-led organization |
| <input type="checkbox"/> Coalition/Multidisciplinary team/Task force | <input type="checkbox"/> Tribal government |
| <input type="checkbox"/> Federal government | <input type="checkbox"/> Union/Worker advocacy organization |
| <input type="checkbox"/> Faith-based organization | <input type="checkbox"/> Victim service provider |
| <input type="checkbox"/> State and local government | <input type="checkbox"/> Academic institution |
| <input type="checkbox"/> Nonprofit/Community-based organization | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> OTIP grantee | |

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

- Yes No N/A

29. 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) | |

30. 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>

31. 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 to 5 years 6 to 10 years More than 10 years

32. Which of the following **best** describes your primary role in your current position?

- | | | |
|--|---|---|
| <input type="checkbox"/> Direct delivery/Frontline staff | <input type="checkbox"/> Consultant/Trainer | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Management | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Peer educator |
| <input type="checkbox"/> Other (please specify): _____ | | |

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33. Which of the following **best** describes your geographic population? (Mark all that apply.)

- National
- State (please specify): _____
- Tribal
- International (please specify country):

- Local
- Urban
- Rural
- Suburban

34. 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): _____

35. 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): _____

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

- Hispanic or Latino
- Middle Eastern or North African
- Other (please specify): _____

37. 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 NHTTAC activities.

Paperwork Reduction Act Notice

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**T/TA COORDINATION
FEEDBACK**



**NATIONAL HUMAN TRAFFICKING
TRAINING AND TECHNICAL
ASSISTANCE CENTER**

OMB Control Number: 0970-XXXX

Expiration Date: XX/XX/XXXX

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.

EVENT: _____
DATE(S): _____

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

TRAINING AND TECHNICAL ASSISTANCE (T/TA) FEEDBACK	Strongly Disagree	Disagree	Agree	Strongly Agree
1. It was easy to work with NHTTAC.	1	2	3	4
2. The T/TA aligned with OTIP's goals and priorities.	1	2	3	4
3. Overall, this was an effective way to support the content and purpose of the meeting.	1	2	3	4
4. NHTTAC collaborated with the necessary stakeholders to meet the objective(s) of the T/TA.	1	2	3	4
5. The T/TA was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4
6. The T/TA reflected a public health approach to addressing human trafficking.	1	2	3	4
7. The T/TA was trauma informed.	1	2	3	4
8. The T/TA was survivor informed.	1	2	3	4
9. NHTTAC staff effectively responded to any obstacles or challenges surrounding the planning or implementation of the T/TA.	1	2	3	4
10. The T/TA was based on current evidence-based research or promising practices.	1	2	3	4

Please indicate the extent to which the T/TA met each stated objective:

T/TA OBJECTIVES	Strongly Disagree	Disagree	Agree	Strongly Agree
11. <Insert learning objective>	1	2	3	4
12. <Insert learning objective>	1	2	3	4
13. <Insert learning objective>	1	2	3	4
14. <Insert learning objective>	1	2	3	4
15. <Insert learning objective>	1	2	3	4

16. What could NHTTAC have done differently to better support the objectives of the T/TA?

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

Paperwork Reduction Act Notice

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Background

Please complete the following information to describe your demographics.

- All of the information you share with us today will be kept **CONFIDENTIAL**. What you say will not be identified with your name.
- This form is **OPTIONAL** and will only be used to help describe the types of people who participated in this focus group to help inform NHTTAC's training and technical assistance services.
- If you have any questions about this focus group or the project, please contact [*insert point of contact*].

1. Which of the following **best** describes the organization in which you work? (**Mark all that apply.**)

- | | |
|--|---|
| <input type="checkbox"/> Academic institution | <input type="checkbox"/> OTIP grantee |
| <input type="checkbox"/> Anti-trafficking organization | <input type="checkbox"/> Self-employed |
| <input type="checkbox"/> Business/For-profit organization | <input type="checkbox"/> Survivor-led organization |
| <input type="checkbox"/> Coalition/Multidisciplinary team/Task force | <input type="checkbox"/> Tribal government |
| <input type="checkbox"/> Federal government | <input type="checkbox"/> Union/Worker advocacy organization |
| <input type="checkbox"/> Faith-based organization | <input type="checkbox"/> Victim service provider |
| <input type="checkbox"/> State and local government | <input type="checkbox"/> Other (please specify):
_____ |
| <input type="checkbox"/> Nonprofit/Community-based organization | |

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

3. 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) | |

Paperwork Reduction Act Notice

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4. 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>

5. 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

6. 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): _____

7. 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): _____

8. Please select any of the following populations you currently work with in a professional capacity. (**Mark all that apply.**)

- | | |
|---|---|
| <input type="checkbox"/> Human trafficking | <input type="checkbox"/> Foreign nationals (migrant workers, undocumented immigrants, refugees) |
| <input type="checkbox"/> Commercial sexual exploitation of children | <input type="checkbox"/> People with low incomes |
| <input type="checkbox"/> Sex trafficking | <input type="checkbox"/> Racial and ethnic minorities |
| <input type="checkbox"/> Adults | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Minors | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Labor trafficking | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Native Hawaii or other Pacific Islander |
| <input type="checkbox"/> Minors | <input type="checkbox"/> White |
| <input type="checkbox"/> Children/youth | <input type="checkbox"/> Hispanic or Latino ethnicity |
| <input type="checkbox"/> Out of home/Foster care/Kinship care | <input type="checkbox"/> History of substance use |
| <input type="checkbox"/> Juvenile justice | <input type="checkbox"/> Intimate partner violence (e.g., dating, domestic violence) |
| <input type="checkbox"/> Runaway/Homeless youth | <input type="checkbox"/> Gang-related crime |
| <input type="checkbox"/> People with disabilities | <input type="checkbox"/> Sexual abuse/Violence |
| <input type="checkbox"/> Deaf/Hearing impaired | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Elderly | |
| <input type="checkbox"/> Lesbian, gay, bisexual, transgender, and questioning | |

Paperwork Reduction Act Notice

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**FOCUS GROUP
SUPPLEMENT**



**NATIONAL HUMAN TRAFFICKING
TRAINING AND TECHNICAL
ASSISTANCE CENTER**

OMB CONTROL NUMBER: 0970-XXXX

Date of Expiration: XX/XX/XXXX

9. 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): _____

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

- Hispanic or Latino
- Middle Eastern or North African
- Other (please specify): _____

11. 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 NHTTAC/SOAR activities.

Paperwork Reduction Act Notice

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[Note: This guide contains a number of questions that might be selected for a typical focus group. It is not intended that a focus group would include all of these questions. Instead, this serves as a “bank” of focus group questions from which to choose depending on the nature and purpose of each particular focus group. Focus groups will last between 60 and 90 minutes.]

[Information for facilitator(s)] The purpose of this focus group is to learn more about how the National Human Trafficking Training and Technical Assistance Center (NHTTAC) can improve its services to better meet the training and technical assistance (T/TA) needs of the human trafficking and public health fields in order improve services and outcomes for individuals at risk of being trafficked and those who have been trafficked. This focus group can be conducted online or in person, and it can be tailored to specific topics, tools, resources, processes, or information needs. The information will be used to inform NHTTAC’s T/TA services.

Preamble/Moderator’s Opening Statements

Thank you very much for agreeing to participate in this focus group discussion. I’m [*insert moderator name*], and I will facilitate today’s session. I am joined by [*insert support staff and their role*].

Each of you has been selected because you [*insert specific reason for participation*]. The information gathered in this focus group will be used to inform NHTTAC’s services.

In a group interview like this, it is really important that you express yourself openly. There are no right or wrong answers. We want to know what you think. We are recording the session to ensure accuracy. However, your response will not be linked with your name or affiliation in any way. Everything will be anonymous. Recording will not start until after introductions.

Because we are recording, I may remind you occasionally to speak up and to talk one at a time so that I can hear you clearly when I review the session tapes. I am your moderator, but I want the interaction to flow among you.

Each time I ask a question, there is no need for everyone around the table to respond. However, it is important that a wide range of ideas is expressed. If you would like to add an idea, or if you have an idea that contrasts with those that have been aired, that’s the time to jump into the conversation. You don’t have to go in a circle. There is no such thing as “your turn.” It’s always your turn.

Before we get started with introductions, let’s lay some ground rules for how today’s discussion will operate. [*Have standard ground rules for all groups, including restroom, timeframe, talking one at a time, respecting divergent opinions, having conversations stay in the room, etc., but also include additional ground rules for focus groups that involve survivors (including safe space)*].

Are there any questions before we begin?

1. Introductions and ice breaker

Let’s start with introductions. Please give us your first name only and [*insert ice breaker question and encourage “popcorn style” responses by participants*].



[The moderator should select questions from the following list that achieves the goals of the focus group. The number of questions should account for the number of participants and the amount of time scheduled for the focus group.]

2. General questions

- How satisfied were you with your overall NHTTAC/SOAR experience?
- How satisfied were you with the overall quality of support you received from NHTTAC/SOAR staff?
- How has working with NHTTAC/SOAR improved your [*insert type of skill(s) related to training/event/tool objectives*]?
- What were your expectations prior to [*insert T/TA*]?
 - How well were these expectations met?
- What types of practical skills did you enhance by attending [*insert event/training*]?
- How well did [*insert event/training/tool*] meet [*insert objectives – ask about one objective at a time*]?

3. How did you learn about the tool/resource/T/TA (e.g., SOAR e-guide)

- Where did you learn about this tool (*training/conference/newsletter/website*)? [*If they mention anything specific, ask which one (e.g. which training, which conference, etc.)?*]
- Where would you usually go to find this type of information, tool, or topic?
- Once you heard about it, was this tool easy to find? Is it accessible to everyone who might need it? If not, what should be changed?
- Is there a place to put this tool that users would find easier to locate?
- Are there other places you already go to get this information? What do you like about them? What do you dislike about them?

4. Appropriateness/comprehensiveness of information/content (may ask about tool overall or by module/component)

- How well did the information align with your expectations about what you wanted to see or were looking for? What was missing?
- Was the information too advanced/detailed or too basic?
- How is the information applicable to your work?
- Are there other topics that need tools similar to this one?
- How well did [*insert event/training/tool*] address culturally and linguistically appropriate services?
 - What needs to be improved moving forward?
- In what ways has attending [*insert type of technical assistance (SOAR for Communities, for example)*] impacted organizational culture related to:



- Trauma-informed approaches
- Survivor-informed practices
- Multi-disciplinary approach
- Prevention efforts
- Identification of (or response to) people at risk of or currently being trafficked
- The utilization of evidence-based or promising practices or research

[Ask the group about each module, as needed—do they have experience with it? Is it appropriate? What were they expecting or looking for—and find out specific information about how it meets their needs or can be improved to do so.]

5. Ease of use of tools (such as e-guide, online SOAR trainings, etc.)

- How do you feel about the way the information is displayed on [*insert tool, e.g., website, MyOTIP, state/territory profiles, etc.*]?
 - What do you like about it?
 - What do you dislike?
- If it was difficult to use, how so?
- What would make it easier to use and understand?
- What about the layout, length, format, readability of the [*web page/MyOTIP page*]?
- Is the level of interactivity of the tool appropriate?
- Is the length of information about right?
- What do you think of the content layout (e.g., bullets vs. paragraphs)?
- [*If this tool is designed to be used to train others*] If instructions are provided, are they clear? Are they needed?
- Was the information/tool easy to understand and user friendly? How so? If it was difficult to use, how so?
- What future direction do you think we should take with this tool?

[If there are specific aspects of the tool where feedback is needed, visit those aspects and ask these questions for each aspect.]

6. Utility

- How was this [*tool, training, meeting, etc.*] helpful?
 - How did you, or how would you, use the information/tool?
 - If you won't use it, why not? What do you need that is not here?
- How was this [*tool, training, meeting, etc.*] not helpful?



- How could this be improved? What was missing?

- How well does [*insert specific objective, session title, etc.*] align with the needs of your organization/community?

[*If specific aspects of the tool require feedback, visit those aspects and ask these questions for each aspect.*]

7. Preparedness

- What planning occurred prior to the incident(s)/event that made the response more effective?
- Which organizations/individuals participated in the planning process? What roles did they play?
- Who was missing from the planning process?
- What was most beneficial and challenging about the planning process?
- What would you recommend to others [*doing similar planning for X event/incident*]?
- Is/was a needs assessment conducted to [*XX purpose*]?

8. Communications

- Do you have any ideas for ways to support more information sharing between [*organizations/groups/XX*]?
- Do you have a way to reach out to other [*organizations/groups/XX*] when you have questions or need resources?
- How can communication be improved?

9. Use of technology (e.g., learning management system for SOAR)

- What protocols are/were in place and what role does/did technology play in [*XX*]? Is/was technology used to [*XX*]? What other technological strategies were used to aid [*XX*]?

10. Training and resources

- Has your [*group, organization, XX*] received any [*training/resources/XX*]? Where they useful? Why or why not?
- What impact has the [*XX*] had on the [*group, organization, XX*]?
- Can you think of any training you've attended that has been particularly useful? Which trainings have you found most useful to your [*group, organization, XX*]?

11. Successes and challenges/barriers

- Thinking about the integration of SOAR training into your organization's learning management system:
 - What were some of the successes?



- What were some of the challenges?
- When you think of a “success” [XX], what comes to mind?
- How would you define success for the [XX]? Any promising strategies you would like to share?
- What would you do to make your [group, organization, XX] more “successful” at its work?
- What are the most difficult challenges for [XX]?
- Were there any gaps in services that impacted [XX]? What were they, and how were they addressed?
- What were the challenges to establishing [XX]? [*convening the TA, subsequent response afterwards, timelines, identifying a location, participating agencies and organizations, communication*]

12. Lessons learned and best practices

- Overall, based on your experience with [XX], what were the greatest lessons learned?
- What would you consider as best/promising practices? Why?
- What is the most important thing for other [*communities, organizations, individuals, etc.*] to know in [XX]?

13. Identified and anticipated technical assistance needs

- With a show of hands, how many of you would recommend NHTTAC to others to be a consultant?
 - What about working with NHTTAC do you see as beneficial?
 - What are some of the challenges in working as a consultant with NHTTAC?
- What additional trainings are needed related to [XX]?
 - What types of organizations/individuals/entities are best suited to receive this training?
 - What would you identify as your top five training needs?
- What additional technical assistance needs are related to [XX]?
 - What types of organizations/individuals/entities are best suited to receive this technical assistance?
- With a show of hands, how many of you would recommend NHTTAC to others to receive training?
 - What about the trainings do you see as beneficial?
- With a show of hands, how many of you would recommend NHTTAC to others to receive technical assistance?
 - What about the technical assistance do you see as beneficial?
- What could be improved for future activities?
- What is important for NHTTAC to know about the field’s needs to address human trafficking?



- What additional topics would you like to be covered in future human trafficking trainings? [*This could also be a question you ask to the group; if so, have them write their responses on notecards to collect.*]

Closure

We have about 10 minutes left. As our discussion comes to a close, we would like to thank you for taking the time to speak with us today. The ideas you have discussed will be helpful for [*insert purpose of focus group*]. Do you have any additional comments, insights, or questions? If you have questions or concerns after you leave here today about your participation in this focus group, please contact [*insert POC and provide contact information*].



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 to learn about your experiences since receiving training and technical assistance (T/TA) [insert time frame] ago. 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.

T/TA _____
DATE(S): _____

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 date of birth: 08 for August)	(example: S for Sara)	(example: M for Maria)

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

As a result of [insert T/TA], I have...	Strongly Disagree	Disagree	Agree	Strongly Agree
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

6. As a result of participating in [insert T/TA], have you done any of the following? **(Mark all that apply.)**

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Changed my management/leadership or interpersonal communication style <input type="checkbox"/> Further developed skills and knowledge about serving victims of trafficking <input type="checkbox"/> Wrote grants/fundraised/identified new funding resources <input type="checkbox"/> Advocated or met with leadership of my organization to develop/enhance vision, mission, or strategic plan <input type="checkbox"/> Advocated or met with leadership of my organization to develop/enact policy changes at my organization <input type="checkbox"/> Improved programs/practices <input type="checkbox"/> Improved technology/websites/infrastructure | <ul style="list-style-type: none"> <input type="checkbox"/> Integrated victim-centered, survivor-informed strategies <input type="checkbox"/> Expanded services or types of services <input type="checkbox"/> Began a new project or initiative <input type="checkbox"/> Developed/strengthened collaborative or strategic relationships <input type="checkbox"/> Networked with other participants <input type="checkbox"/> Shared materials with colleagues <input type="checkbox"/> Provided information to clients/families/youth <input type="checkbox"/> Trained/educated others in content/skills learned <input type="checkbox"/> Raised public awareness/advocacy/outreach activities offered to victims <input type="checkbox"/> Referred colleagues to NHTTAC events/resources <input type="checkbox"/> Conducted research |
|--|--|

Paperwork Reduction Act Notice

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- Strengthened evaluation or needs assessment activities
- Improved identification and reporting methods for trafficking
- Took additional training on human trafficking
- Other (please specify): _____

7. Since [insert T/TA], what barriers have you faced in implementing change? **(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 and/or data 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 training for staff in how to implement change
- Other (please explain): _____

Please indicate the extent to which you have used the following in your daily work

	Never	Occasionally	Frequently	Daily
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
12. <Insert learning objective>	1	2	3	4
13. <Insert learning objective>	1	2	3	4
14. <Insert learning objective>	1	2	3	4
15. <Insert learning objective>	1	2	3	4
16. <Insert learning objective>	1	2	3	4

17. Was there anything not provided during [insert T/TA] that would have been helpful in implementing change?

18. What aspect(s) of [insert T/TA] were most helpful to you?

19. Would you recommend [NHTTAC][SOAR] T/TA to others? Yes No

20. Do you have any additional comments or suggestions for future [NHTTAC][SOAR]-related T/TA?

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

- Yes No

22. In your professional capacity, how frequently do you come into contact with a person who is 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>

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

Paperwork Reduction Act Notice

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**GENERAL CONFERENCE
FEEDBACK
Protocol**



NATIONAL HUMAN TRAFFICKING OMB Control Number: 0970-XXXX
TRAINING AND TECHNICAL ASSISTANCE CENTER Expiration Date: XX/XX/XXXX

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.

CONFERENCE TITLE: _____

DATE(S): _____

Please provide the information below to create an anonymous ID:

 Birth Month
 (insert just the month
 for your *date of birth*,
 example: 08 for August)

 First letter of first name
 (example: S for Sara)

 First letter of your middle name
 (example: M for Maria)

Please indicate how well the conference met each stated objective.

OVERALL OBJECTIVES	Poor	Satisfactory	Good	Excellent	Not Applicable
1. [Insert objective 1].	1	2	3	4	NA
2. [Insert objective 2].	1	2	3	4	NA
3. [Insert objective 3].	1	2	3	4	NA
4. [Insert objective 4].	1	2	3	4	NA
5. [Insert objective 5].	1	2	3	4	NA

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

CONFERENCE FEEDBACK	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
6. The conference addressed the critical issues related to the topic(s).	1	2	3	4	NA
7. The conference was well organized and clear.	1	2	3	4	NA
8. The conference increased my knowledge related to the topic(s).	1	2	3	4	NA
9. The information presented in the conference was grounded in current evidence-based research or promising practices.	1	2	3	4	NA
10. The information presented in the conference was trauma-informed.	1	2	3	4	NA
11. The information presented in the conference was survivor-informed.	1	2	3	4	NA

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**GENERAL CONFERENCE
FEEDBACK
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NATIONAL HUMAN TRAFFICKING OMB Control Number: 0970-XXXX
TRAINING AND TECHNICAL ASSISTANCE CENTER Expiration Date: XX/XX/XXXX

12. The information presented in the conference was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA
13. The information provided in the conference reflected a public health approach to addressing human trafficking.	1	2	3	4	NA
14. The conference improved my ability to serve people at risk of or being trafficked.	1	2	3	4	NA
15. The meeting space and use of technology provided a good learning environment.	1	2	3	4	NA
16. I was satisfied with the overall conference facilities.	1	2	3	4	NA
17. The registration and logistics information were clear, helpful, and easily accessible.	1	2	3	4	NA
18. The format of the conference provided ample opportunity and encouragement for participants to interact meaningfully with each other.	1	2	3	4	NA
19. The conference staff was professional, helpful, and informative.	1	2	3	4	NA
20. The time allotted was adequate for the scope of material covered.	1	2	3	4	NA
21. The education materials provided for this conference were useful.	1	2	3	4	NA
22. I will share the information I learned at the conference with my colleagues.	1	2	3	4	NA
23. The conference increased my practical skills related to the topic(s).	1	2	3	4	NA
24. The conference met my professional needs.	1	2	3	4	NA
25. The conference met my educational needs.	1	2	3	4	NA
26. I will be able to apply what I learned in my work.	1	2	3	4	NA

Please select the number that best represents your rating for this conference for each of the following questions.

27. Please rate the overall quality of this conference.

1	2	3	4
<i>Poor</i>	<i>Fair</i>	<i>Very Good</i>	<i>Excellent</i>

28. How useful was the conference information to your work?

1	2	3	4
<i>Not Useful</i>	<i>Somewhat Useful</i>	<i>Useful</i>	<i>Very Useful</i>

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29. As a result of participating in this conference, 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 people who are currently being trafficked, at risk of trafficking, or have been trafficked
- Write grants/fundraise/identify 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 people who are currently being trafficked, at risk of trafficking, or have been trafficked
- 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): _____

30. 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
- Difficulty in establishing and/or maintaining a multi-disciplinary team
- Need for partnership building with other organizations
- 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): _____

31. Would you recommend NHTTAC to others for T/TA? Yes No

32. Please indicate any additional needs that you or your organization have that may be met with future TTA.

33. Which of the conference sessions were most useful and why?

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**GENERAL CONFERENCE
FEEDBACK
Protocol**



NATIONAL HUMAN TRAFFICKING TRAINING AND TECHNICAL ASSISTANCE CENTER
OMB Control Number: 0970-XXXX
Expiration Date: XX/XX/XXXX

34. What could be done differently to improve the conference?

35. Do you have any other comments or suggestions?

36. Which of the following **best** describes the organization in which you work? (Mark all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Academic institution | <input type="checkbox"/> OTIP grantee |
| <input type="checkbox"/> Anti-trafficking organization | <input type="checkbox"/> Self-employed |
| <input type="checkbox"/> Business/For-profit organization | <input type="checkbox"/> Survivor-led organization |
| <input type="checkbox"/> Coalition/Multidisciplinary team/Task force | <input type="checkbox"/> Tribal government |
| <input type="checkbox"/> Federal government | <input type="checkbox"/> Union/Worker advocacy organization |
| <input type="checkbox"/> Faith-based organization | <input type="checkbox"/> Victim service provider |
| <input type="checkbox"/> State and local government | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> Nonprofit/Community-based organization | |

37. 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) | |

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

- Yes No

39. Which of the following **best** describes the number of years of experience you have in your current field of work? (Mark one.)

- Less than 3 years 3 to 5 years 6 to 10 years More than 10 years

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**GENERAL CONFERENCE
FEEDBACK
Protocol**



NATIONAL HUMAN TRAFFICKING OMB Control Number: 0970-XXXX
TRAINING AND TECHNICAL ASSISTANCE CENTER Expiration Date: XX/XX/XXXX

40. Which of the following **best** describes your primary role in your current position?

- Direct delivery/frontline staff
- Management
- Other (please specify): _____
- Consultant/Trainer
- Volunteer
- Administration
- Peer Educator

41. 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>All the Time</i>

42. Which of the following **best** describes your geographic population? (**Mark all that apply.**)

- National
- State (please specify): _____
- Tribal
- International (please specify country):

- Local
- Urban
- Rural
- Suburban

43. 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
- Domestic and dating violence
- Gang-related crime
- Sexual abuse/Violence
- Other (Please specify): _____

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

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TRAINING: _____ DATE(S): _____ CONSULTANT(S)/FACILITATOR(S): _____
--

PRETRAINING EVALUATION

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 date of birth: 08 for August)	(example: S for Sara)	(example: M for Maria)

To what extent are you knowledgeable about:

	Not At All Knowledgeable	Somewhat Knowledgeable	Very Knowledgeable
1. <Insert learning objective>	1	2	3
2. <Insert learning objective>	1	2	3
3. <Insert learning objective>	1	2	3
4. <Insert learning objective>	1	2	3
5. <Insert learning objective>	1	2	3

How prepared are you to teach others about:

	Not At All Prepared	Somewhat Prepared	Well Prepared
6. <Insert learning objective>	1	2	3
7. <Insert learning objective>	1	2	3
8. <Insert learning objective>	1	2	3
9. <Insert learning objective>	1	2	3
10. <Insert learning objective>	1	2	3

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 2 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.



POSTTRAINING EVALUATION

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)

Please click the number that best represents how well this training met its stated objectives:

	Did Not Achieve This Objective	Somewhat Achieved This Objective	Achieved This Objective
1. <Insert learning objective>	1	2	3
2. <Insert learning objective>	1	2	3
3. <Insert learning objective>	1	2	3
4. <Insert learning objective>	1	2	3
5. <Insert learning objective>	1	2	3

6. Overall, how well did this training meet your expectations?

1	2	3	4
<i>Far Below My Expectations</i>	<i>Did Not Meet My Expectations</i>	<i>Met My Expectations</i>	<i>Exceeded My Expectations</i>

7. How useful was the training to your work?

1	2	3	4
<i>Not Useful</i>	<i>Somewhat Useful</i>	<i>Useful</i>	<i>Very Useful</i>

8. Did you receive continuing education credits for completing this training? Yes No

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

FACILITATOR 1: _____	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
9. The knowledge and expertise of the facilitator were appropriate for the training.	1	2	3	4	NA
10. The facilitator presented the content clearly and logically.	1	2	3	4	NA

Paperwork Reduction Act Notice

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**GENERAL TRAINING
PARTICIPANT FEEDBACK**



NATIONAL HUMAN TRAFFICKING TRAINING AND TECHNICAL ASSISTANCE CENTER OMB Control Number: 0970-XXXX
Expiration Date: XX/XX/XXXX

11. The facilitator responded positively to questions and comments.	1	2	3	4	NA
12. The facilitator created a respectful environment for participants.	1	2	3	4	NA
13. The facilitator encouraged and initiated helpful discussions.	1	2	3	4	NA
FACILITATOR 2: _____	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
14. The knowledge and expertise of the facilitator were appropriate for the training.	1	2	3	4	NA
15. The facilitator presented the content clearly and logically.	1	2	3	4	NA
16. The facilitator responded positively to questions and comments.	1	2	3	4	NA
17. The facilitator created a respectful environment for the participants.	1	2	3	4	NA
18. The facilitator encouraged and initiated helpful discussions.	1	2	3	4	NA
TRAINING FEEDBACK	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
19. The format of the training contributed to a positive meeting environment.	1	2	3	4	NA
20. The format of the training made it easy to ask questions and collaborate with other participants.	1	2	3	4	NA
21. The training addressed the critical issues related to the topic(s).	1	2	3	4	NA
22. The training was organized and clear.	1	2	3	4	NA
23. The training increased my knowledge related to the topic(s).	1	2	3	4	NA
24. The training increased my practical skills related to the topic(s).	1	2	3	4	NA
25. The training was survivor informed.	1	2	3	4	NA
26. The training included current evidence-based or promising practices related to the topic(s).	1	2	3	4	NA
27. The training reflected a public health approach to addressing human trafficking.	1	2	3	4	NA
28. The training was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA
29. The training was trauma informed.	1	2	3	4	NA
30. I will be able to apply what I learned in my work.	1	2	3	4	NA
31. The training improved my ability to serve people who are being trafficked, at risk of trafficking, or have been trafficked.	1	2	3	4	NA
32. The meeting space and use of technology provided a good learning environment.	1	2	3	4	NA
33. The training met my educational needs.	1	2	3	4	NA
34. The training met my professional needs.	1	2	3	4	NA
35. I will share the information I learned at the training with my colleagues.	1	2	3	4	NA

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36. Please rate the overall quality of this training.

1	2	3	4
<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>

To what extent do you feel prepared to apply the following in your daily work:

	Not At All Prepared	Somewhat Prepared	Well Prepared
37. <Insert learning objective>	1	2	3
38. <Insert learning objective>	1	2	3
39. <Insert learning objective>	1	2	3
40. <Insert learning objective>	1	2	3
41. <Insert learning objective>	1	2	3

42. If you **do not** feel prepared to apply one or more of the objectives above, please briefly explain why:

43. What are the three most important things you learned during the training?

44. What could be done differently to improve the training?

45. As a result of participating in this session, do you plan to do any of the following? **(Mark all that apply.)**

- | | |
|--|---|
| <input type="checkbox"/> Change my management/leadership or interpersonal communication style | <input type="checkbox"/> Integrate victim-centered, survivor-informed strategies |
| <input type="checkbox"/> Further develop skills and knowledge about serving victims of trafficking | <input type="checkbox"/> Expand services or types of services |
| <input type="checkbox"/> Write grants/fundraise/identify new funding resources | <input type="checkbox"/> Begin a new project or initiative |
| <input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enhance vision, mission, or strategic plan | <input type="checkbox"/> Develop/strengthen collaborative or strategic relationships |
| <input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enact policy changes at my organization | <input type="checkbox"/> Network with other participants |
| <input type="checkbox"/> Improve programs/practices | <input type="checkbox"/> Share materials with colleagues |
| <input type="checkbox"/> Improve technology/websites/infrastructure | <input type="checkbox"/> Provide information to clients/families/youth |
| | <input type="checkbox"/> Train/educate others in content/skills learned |
| | <input type="checkbox"/> Raise public awareness/advocacy/outreach activities offered to victims |
| | <input type="checkbox"/> Refer colleagues to NHTTAC events/resources |
| | <input type="checkbox"/> Conduct research |

Paperwork Reduction Act Notice

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**GENERAL TRAINING
PARTICIPANT FEEDBACK**



NATIONAL HUMAN TRAFFICKING OMB Control Number: 0970-XXXX
TRAINING AND TECHNICAL ASSISTANCE CENTER Expiration Date: XX/XX/XXXX

- Strengthen evaluation or needs assessment activities
- Improve identification and reporting methods for trafficking
- Take additional training on human trafficking
- Other (please specify): _____
46. 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 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 training for staff in how to implement change
- Other (please explain): _____
47. Would you recommend NHTTAC/SOAR to others for training? Yes No
48. 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): _____
49. Is your organization responsible for working with people who are currently being trafficked or have been trafficked?
- Yes No
50. 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

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**GENERAL TRAINING
PARTICIPANT FEEDBACK**



NATIONAL HUMAN TRAFFICKING OMB Control Number: 0970-XXXX
TRAINING AND TECHNICAL ASSISTANCE CENTER Expiration Date: XX/XX/XXXX

- Violence prevention (e.g., child abuse and neglect; elder abuse; domestic violence, sexual violence, youth violence)
- Other (please specify): _____

51. 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

52. 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): _____

53. 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>

54. 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

55. 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): _____

56. What is your race? (**Mark all that apply.**)

- American Indian or Alaska Native

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**GENERAL TRAINING
PARTICIPANT FEEDBACK**



NATIONAL HUMAN TRAFFICKING OMB Control Number: 0970-XXXX
TRAINING AND TECHNICAL ASSISTANCE CENTER Expiration Date: XX/XX/XXXX

- Asian
- Black or African American
- Native Hawaii or other Pacific Islander
- White
- Other (please specify): _____

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

- Hispanic or Latino
- Middle Eastern or North African
- Other (please specify): _____

58. 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 NHTTAC activities.

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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 Janine.Crossman@icf.com.

Please provide the information below to create an anonymous ID:

Birth Month (insert just the month for your *date of birth*, example: 08 for August) First letter of first name (example: S for Sara) First letter of your middle name (example: M for Maria)

Please rate the extent to which to you agree or disagree that the fellowship program has helped you achieve the following objectives. This program has increased my...

OBJECTIVES	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
1. [insert objective here].	1	2	3	4	NA
2. KNOWLEDGE: Grow participant understanding of human trafficking programs, nonprofits, government, public health systems, and other processes and services that can help catalyze positive change.	1	2	3	4	NA
3. TRUST: Increase the level of trust and reciprocity between survivors and the agencies and institutions committed to their success.	1	2	3	4	NA
4. NETWORK: Cultivate a thriving leadership network of survivors and human trafficking professionals that work across organizational and geographic boundaries.	1	2	3	4	NA
5. CONTRIBUTION: Create relevant and usable resources and tools that enhance trauma-informed and survivor-centered OTIP grant programming.	1	2	3	4	NA
6. SKILLS: Empower emerging leaders with leadership skills and training to lead themselves and their communities forward.	1	2	3	4	NA

Please rate your level of confidence with the following after participating in this program:

SKILL DEVELOPMENT	Not at All Confident	Not Confident	Confident	Very Confident
7. My leadership ability.	1	2	3	4

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8. My skills and knowledge about trauma-informed practices.	1	2	3	4
9. My skills and knowledge about survivor-informed practices.	1	2	3	4
10. My skills and knowledge about current evidence-based or promising practices.	1	2	3	4
11. My skills and knowledge about a multidisciplinary approach to addressing human trafficking.	1	2	3	4
12. My skills and knowledge about a public health approach to addressing human trafficking.	1	2	3	4
13. My connection to colleagues, professionals, and human trafficking experts.	1	2	3	4
14. My knowledge of human trafficking programs, nonprofits, government, and public health systems.	1	2	3	4
15. My ability to collaborate across human trafficking programs or initiatives.	1	2	3	4

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

NHTTAC STAFF: _____	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
16. The planning support provided by NHTTAC prior to the beginning of the fellowship program was helpful.	1	2	3	4	NA
17. The onsite support provided by NHTTAC during the in-person trainings was helpful.	1	2	3	4	NA
18. The interim support and check-ins provided by NHTTAC staff between seminars was helpful.	1	2	3	4	NA
19. I am satisfied with the overall support provided by NHTTAC staff throughout the fellowship program.	1	2	3	4	NA
FACILITATOR 1: _____	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
20. The facilitator's knowledge and expertise were appropriate for this program.	1	2	3	4	NA
21. The facilitator responded positively to questions and comments.	1	2	3	4	NA
22. The facilitator created a respectful environment for participants.	1	2	3	4	NA
23. The facilitator encouraged and initiated helpful discussions.	1	2	3	4	NA
FACILITATOR 2: _____	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
24. The facilitator's knowledge and expertise were appropriate for this program.	1	2	3	4	NA
25. The facilitator responded positively to questions and comments.	1	2	3	4	NA

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26. The facilitator created a respectful environment for participants.	1	2	3	4	NA
27. The facilitator encouraged and initiated helpful discussions.	1	2	3	4	NA

28. Please rate the overall quality of the HTLA.

1	2	3	4
<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>

29. Would you recommend NHTTAC to others to receive T/TA? Yes No

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

OVERALL FEEDBACK	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
30. The time allotted was adequate for the scope of the initiative.	1	2	3	4	NA
31. The program was well organized.	1	2	3	4	NA
32. This program met my professional needs.	1	2	3	4	NA
33. This program met my educational needs.	1	2	3	4	NA
34. The materials provided during this program were useful.	1	2	3	4	NA
35. The format of the program contributed to a positive learning environment.	1	2	3	4	NA
36. The format of the program provided ample opportunity and encouragement for participants to interact meaningfully with each other.	1	2	3	4	NA
37. The content was trauma-informed.	1	2	3	4	NA
38. I am confident the knowledge and skills that I learned will be useful for my practice and/or for my professional development.	1	2	3	4	NA
39. I will be able to apply what I learned in my work.	1	2	3	4	NA
40. The program improved my ability to serve people who are currently being trafficked, at risk of trafficking, or have been trafficked.	1	2	3	4	NA
41. This program will help me collaborate with various professionals across the human trafficking field.	1	2	3	4	NA
42. I will share the information I learned at the training with my colleagues and peers.	1	2	3	4	NA

43. What are the top three ways you improved your effectiveness as a leader?

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Please rate the overall quality of each session of the Human Trafficking Leadership Academy:

OVERALL QUALITY	Poor	Fair	Good	Excellent	Not Applicable
44. HTLA Seminar 1	1	2	3	4	NA
45. HTLA Seminar 2	1	2	3	4	NA
46. HTLA Seminar 3	1	2	3	4	NA
47. HTLA Seminar 4	1	2	3	4	NA

48. What insights and experiences did you contribute to the other fellows' learning experiences during the program?

49. What contributions did the other fellows make toward your learning experience?

50. How did working with [grantees/survivors] impact your professional experience?

51. How has your professional network changed through participating in this program? **(Mark all that apply.)**

- | | |
|---|--|
| <input type="checkbox"/> Increased the number of professionals working to address human trafficking | <input type="checkbox"/> Met professionals that I could develop a meaningful working relationship with |
| <input type="checkbox"/> Increased the number professionals with similar professional goals | <input type="checkbox"/> Met professionals that I could develop a close friendship with |
| <input type="checkbox"/> Met professionals who are in my geographical area | <input type="checkbox"/> Met professionals who are acquaintances or knows some of my other colleagues |
| <input type="checkbox"/> Met professionals that I could collaborate with in future endeavors | <input type="checkbox"/> Met professionals that have skill-sets that are complementary to mine |
| | <input type="checkbox"/> Other (please specify): _____ |

52. Do you anticipate doing any of the following as a result of participating in this program? **(Mark all that apply.)**

- | | |
|--|---|
| <input type="checkbox"/> Change my management/leadership or interpersonal communication style | <input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enact policy changes at my organization |
| <input type="checkbox"/> Further develop skills and knowledge about serving people who are currently being trafficked, at risk of trafficking, or have been trafficked | <input type="checkbox"/> Improve programs/practices |
| <input type="checkbox"/> Write grants/fundraise/identify new funding resources | <input type="checkbox"/> Improve technology/websites/infrastructure |
| <input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enhance vision, mission, or strategic plan | <input type="checkbox"/> Integrate victim-centered, survivor-informed strategies |
| | <input type="checkbox"/> Expand services or types of services |
| | <input type="checkbox"/> Begin a new project or initiative |
| | <input type="checkbox"/> Develop/strengthen collaborative or strategic relationships |
| | <input type="checkbox"/> Network with other participants |

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- 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 people who are currently being trafficked, at risk of trafficking, or have been trafficked
- 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): _____

53. 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
- Improve my own leadership or professional development skills
- Difficulty in establishing and/or maintaining a multi-disciplinary team
- Need for partnership building with other organizations
- 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): _____

54. Please list any other professional goals you have achieved through this program:

55. What aspects of the HTLA were most helpful and why?

56. What else did you hope to achieve through participating in this program?

57. Overall, what are the program's strengths?

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58. What could be done differently to improve the program?

59. Which of the following **best** describes the organization in which you work? (**Mark all that apply.**)

- | | |
|--|---|
| <input type="checkbox"/> I am not associated with an organization | <input type="checkbox"/> Nonprofit/Community-based organization |
| <input type="checkbox"/> Academic institution | <input type="checkbox"/> OTIP grantee |
| <input type="checkbox"/> Anti-trafficking organization | <input type="checkbox"/> Self-employed |
| <input type="checkbox"/> Business/For-profit organization | <input type="checkbox"/> Survivor-led organization |
| <input type="checkbox"/> Coalition/Multidisciplinary team/Task force | <input type="checkbox"/> Tribal government |
| <input type="checkbox"/> Federal government | <input type="checkbox"/> Union/Worker advocacy organization |
| <input type="checkbox"/> Faith-based organization | <input type="checkbox"/> Victim service provider |
| <input type="checkbox"/> State and local government | <input type="checkbox"/> Other, please specify: _____ |

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

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

- Yes No

62. Which of the following **best** describes the number of years of experience you have in your current field of work? (**Mark one.**)

- Less than 3 years 3 to 5 years 6 to 10 years More than 10 years

63. Which of the following **best** describes your primary role in your current position?

- | | | |
|--|---|---|
| <input type="checkbox"/> Direct delivery/frontline staff | <input type="checkbox"/> Consultant/Trainer | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Management | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Peer Educator |
| <input type="checkbox"/> Other (please specify): _____ | | |

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64. 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>All the Time</i>

65. Which of the following **best** describes your geographic population? (**Mark all that apply.**)

- National
- State (please specify): _____
- Tribal
- International (please specify country): _____
- Local
- Urban
- Rural
- Suburban
- Not Applicable

66. 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
- Domestic and dating violence
- Gang-related crime
- Sexual abuse/Violence
- Other (Please specify): _____

67. 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): _____

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

- Hispanic or Latino
- Middle Eastern or North African
- Other (please specify): _____

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**HTLA POST-PROGRAM
FELLOW
Protocol**



NATIONAL HUMAN TRAFFICKING TRAINING AND TECHNICAL ASSISTANCE CENTER OMB Control Number: 0970-XXXX
Expiration Date: XX/XX/XXXX

69. What is your gender? (Mark all that apply.)

- Male
- Female
- Transgender
- Other (please specify): _____

70. Do you have any other comments or suggestions?

Thank you for taking the time to complete this form and helping to improve NHTTAC's activities.

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In order to help NHTTAC better serve the field, we are reaching out to obtain your feedback prior to the start of the fellowship program. 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. Summary responses will only be shared to enhance the experience and leadership training program in the future.

Please provide the information below to create an anonymous ID:

Birth Month (insert just the month for your <i>date of birth</i> , example: 08 for August)	First letter of first name (example: S for Sara)	First letter of your middle name (example: M for Maria)
---	---	--

1. Have you received prior leadership training?

- Yes No

If yes, please provide a brief description (e.g., what you learned, when you received training, and the length of that training):

2. Please think about someone who you believe is an outstanding leader, and provide 2–3 examples of why. *To protect the privacy of others, please do not list specific names or details.*

3. Describe a recent experience (either big or small) where you exercised leadership. *To protect the privacy of others, please do not list specific names or details.*

4. What do you think is your leadership style (i.e., supportive, organized, action-oriented)?

5. What are the top three ways you would like to improve your effectiveness as a leader?

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Please rate the importance to you for achieving each of the program's goals:

PROGRAM OBJECTIVES	Unimportant	Somewhat Important	Important	Very Important	Not Applicable
6. [insert objective here].	1	2	3	4	NA
7. KNOWLEDGE: Grow participant understanding of human trafficking programs, nonprofits, government, public health systems, and other processes and services that can help catalyze positive change.	1	2	3	4	NA
8. TRUST: Increase the level of trust and reciprocity between survivors and the agencies and institutions committed to their success.	1	2	3	4	NA
9. NETWORK: Cultivate a thriving leadership network of survivors and human trafficking professionals that work across organizational and geographic boundaries.	1	2	3	4	NA
10. CONTRIBUTION: Create relevant and usable resources and tools that enhance trauma-informed and survivor-centered OTIP grant programming.	1	2	3	4	NA
11. SKILLS: Empower emerging leaders with leadership skills and training to lead themselves and their communities forward.	1	2	3	4	NA

12. What insights do you want to contribute to the other fellows' learning experiences during the program?

13. What contributions are you hoping the other fellows will make toward your learning experience?

Please rate your level of confidence with the following:

SKILL DEVELOPMENT	Not at All Confident	Somewhat Confident	Confident	Very Confident
14. [insert leadership skill here].	1	2	3	4
15. [insert leadership skill here].	1	2	3	4
16. [insert leadership skill here].	1	2	3	4

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17. [insert leadership skill here].	1	2	3	4
18. [insert leadership skill here].	1	2	3	4
19. My skills and knowledge about trauma-informed practices.	1	2	3	4
20. My skills and knowledge about survivor-informed practices.	1	2	3	4
21. My skills and knowledge about current evidence-based or promising practices.	1	2	3	4
22. My skills and knowledge about a multidisciplinary approach to addressing human trafficking.	1	2	3	4
23. My skills and knowledge about a public health approach to addressing human trafficking.	1	2	3	4
24. My connection to colleagues, professionals, and human trafficking experts.	1	2	3	4
25. My knowledge of human trafficking programs, nonprofits, government, and public health systems.	1	2	3	4
26. My ability to collaborate across human trafficking programs or initiatives.	1	2	3	4

27. Please list any other professional goals you have for participating in this program:

28. What do you anticipate will be your greatest challenge in the Human Trafficking Leadership Academy (HTLA) fellowship program?

29. Have you participated in survivor-informed training or curriculum previously?

- Yes No

If yes, please explain: _____

30. Have you participated in anti-trafficking initiatives prior to this program?

- Yes No

If yes, please explain: _____

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31. **FOR SURVIVORS:** How was your experience engaging with grantees prior to this leadership training? *If not applicable, write "N/A."*

32. **FOR GRANTEEES:** How was your experience engaging with survivors as professionals prior to this leadership training? *If not applicable, write "N/A."*

33. What do you see as the greatest barriers to leadership development for survivors of human trafficking?

34. What opportunities will this leadership training provide you with in the future?

35. How do you think this leadership training will impact the human trafficking field?

Please click the number that best represents your rating for each of the following questions.

36. How satisfied were you with the participation selection process for this program?

1	2	3	4
<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>Satisfied</i>	<i>Very Satisfied</i>

37. How satisfied were you with your preparedness to participate in the program when you were invited by NHTTAC?

1	2	3	4
<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>Satisfied</i>	<i>Very Satisfied</i>

38. What could be done differently in the participant selection process for this program?

39. How many times have you interacted with NHTTAC staff in preparation for this program?

0-1 2-3 4-5 6 +

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

PLANNING OF THE PROGRAM	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
40. NHTTAC was well organized in the planning of the HTLA.	1	2	3	4	NA
41. NHTTAC was responsive to my questions and needs.	1	2	3	4	NA
42. NHTTAC provided me with the necessary information and resources to help me prepare for the program.	1	2	3	4	NA
43. NHTTAC helped me adequately prepare for the program.	1	2	3	4	NA

44. How can NHTTAC [and insert consultants, if applicable] help support you in achieving your goals for this program?

45. What else would have been helpful in preparing for this program?

46. What obstacles or challenges, if any, did you encounter in the planning of the HTLA?

47. What could be done differently to improve NHTTAC's support in the planning of the HTLA?

48. 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>

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

Yes No N/A

50. How does your agency currently provide survivor-informed services? N/A

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51. Do you have any other comments or suggestions?

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

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[Note: This protocol lists a number of questions that might be selected for a typical interview. It is not intended that an interview would include all of these questions. Instead, this serves as a “bank” of questions from which to choose depending on the nature of each interview. The interview will typically last between 30–60 minutes.]

[Information for the Interviewer(s)] The purpose of this interview is to learn more about how the National Human Trafficking Training and Technical Assistance Center (NHTTAC) can improve its services to better meet the needs of training and technical assistance (T/TA) providers and the field and improve services and outcomes for persons at risk of or who have been trafficked. This interview can be conducted virtually (online or phone) or in person, and it can be tailored to specific topics, tools, resources, processes, or information needs. The information will be used to inform NHTTAC’s T/TA services.

T/TA: _____

DATE(S): _____

INTERVIEWER AND NOTE TAKER: _____

INTERVIEWEE: _____

Thank you for agreeing to participate in this interview. I’m *[insert name]*, and I will facilitate the interview today. I am joined by *[insert support staff]*, and s/he will be taking notes.

In order to help the National Human Trafficking Training and Technical Assistance Center (NHTTAC) better serve the field, we would like to obtain your feedback since receiving training and technical assistance (T/TA). Participating in this interview is voluntary; you may end the interview at any time and choose not answer questions. 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.

Before we get started, do you have any questions about this interview?

1. How satisfied were you with your overall NHTTAC/SOAR experience?
2. How satisfied were you with the overall quality of support you received from NHTTAC/SOAR staff?
3. How has working with NHTTAC/SOAR improved your *[insert type of skill(s) related to training/event/tool objectives]*?
4. What were your expectations prior to *[insert T/TA activity]*?
5. How well were these expectations met?
6. Identify three things you *[plan to do or change]* *[did]* as a result of the *[insert T/TA]* you received. Please be as specific as you can (e.g., actions or changes in policy, practice, procedures, or programming).
7. What barriers *[do you anticipate facing]* *[have you experienced]* in *[insert response from previous question]*?
8. Was there anything not provided by *[insert T/TA]* that would have been helpful in *[insert outcome]*?
9. What aspect(s) of the training or technical assistance were most helpful to you, and why?

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10. What aspect(s) of the training or technical assistance were least helpful to you, and why?
11. How could [*reference answers from previous question*] be improved?
12. At the completion of [*insert T/TA*], did you have specific action steps or a strategic plan?
13. How well did these action steps align with the needs you identified prior to the training?
14. How confident did you feel in your ability to implement these action steps?
15. How supported did you feel by NHTTAC staff in implementing these action steps?
16. [*3, 6, etc.*] months later, in what ways have you implemented your action steps/strategic plan?
17. Reflecting back, what would have changed about your action steps/strategic plan?
18. How do you think you will continue to apply what you have learned through this [*insert T/TA*]?
19. Have you changed any policies at your organization? Any practices?
20. Have you attended any additional trainings or events related to the [*T/TA*] you attended previously?
21. Would you recommend NHTTAC/SOAR trainings to others?
22. Has your organization proposed or changed policies pertaining to human trafficking since [*insert T/TA*]?
23. How has your professional networking or peer support changed since [*insert T/TA*]?
24. How has your access to resources on preventing and identifying human trafficking changed since [*insert T/TA*]?
25. Do you have any additional comments or suggestions that you would like to share about [*insert T/TA*]?
26. Do you have any comments or suggestions for future NHTTAC/SOAR-related trainings?

This concludes our interview. Thank you for taking the time to speak with us and for helping to improve NHTTAC/SOAR activities.

Do you have any questions or concerns about this interview and how this information will be used? If you have questions in the future, please contact NHTTACEval@icf.com.

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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.

TRAINING: _____
 DATE(S): _____
 CONSULTANT(S)/PRESENTER(S): _____

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)

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

OVERALL TRAINING	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
1. The training addressed the learning objectives clearly.	1	2	3	4	NA
2. The training addressed the critical issues related to the topic(s).	1	2	3	4	NA
3. The time allotted was adequate for the scope of material covered.	1	2	3	4	NA
4. The training was well organized and clear.	1	2	3	4	NA
5. The [material] [strategic planning] was appropriate for my level of experience and knowledge.	1	2	3	4	NA
6. The resource materials (handouts, audiovisuals, PowerPoints) enhanced the training.	1	2	3	4	NA
7. The training increased my knowledge related to the topic(s).	1	2	3	4	NA
8. The training increased my practical skills related to the topic(s).	1	2	3	4	NA
9. I will be able to apply what I learned in my work.	1	2	3	4	NA
10. The training improved my ability to identify people who are being trafficked, at-risk of trafficking, or have been trafficked.	1	2	3	4	NA
11. The training was survivor informed.	1	2	3	4	NA
12. The training provided sufficient opportunity to network with others in the field.	1	2	3	4	NA
13. The training was trauma informed.	1	2	3	4	NA
14. The training content was based on current evidence-based research or promising practices.	1	2	3	4	NA

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15. The small group activities enhanced my experience.	1	2	3	4	NA
16. The training met my professional needs.	1	2	3	4	NA
17. The training met my educational needs.	1	2	3	4	NA
18. I am satisfied with the overall quality of the training.	1	2	3	4	NA
19. The training was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA

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

MODULE <X>: _____	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
20. As a result of this module, I can <insert learning objective>.	1	2	3	4	NA
21. As a result of this module, I can <insert learning objective>.	1	2	3	4	NA
22. As a result of this module, I can <insert learning objective>.	1	2	3	4	NA
23. As a result of this module, I can <insert learning objective>.	1	2	3	4	NA
24. The learning objectives for this module were stated clearly.	1	2	3	4	NA
MODULE <X>: _____	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
25. As a result of this module, I can <insert learning objective>.	1	2	3	4	NA
26. As a result of this module, I can <insert learning objective>.	1	2	3	4	NA
27. As a result of this module, I can <insert learning objective>.	1	2	3	4	NA
28. As a result of this module, I can <insert learning objective>.	1	2	3	4	NA
29. The learning objectives for this module were stated clearly.	1	2	3	4	NA

30. Please rate the overall quality of this training.

1	2	3	4
<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>

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

PRESENTER 1: _____	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
31. The presenter demonstrated a comprehensive knowledge of the subject.	1	2	3	4	NA
32. The presenter presented the content clearly and logically.	1	2	3	4	NA
33. The presenter responded positively to questions and comments.	1	2	3	4	NA
34. The presenter created a respectful environment for participants.	1	2	3	4	NA
PRESENTER 2: _____	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
35. The presenter demonstrated a comprehensive knowledge of the subject.	1	2	3	4	NA
36. The presenter presented the content clearly and logically.	1	2	3	4	NA
37. The presenter responded positively to questions and comments.	1	2	3	4	NA

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38. The presenter created a respectful environment for participants.	1	2	3	4	NA
--	---	---	---	---	----

39. Did the training provide comprehensive coverage of the topic(s)? Please explain.

40. Was the content current and up-to-date? Please explain.

41. Was there anything you would change about the training content? Please explain.

42. Was there anything you would change about the resource materials (videos, handouts, PowerPoints, etc.)? Please explain.

43. Was there enough time for discussion and questions? Please explain.

44. What aspects of the training were most helpful, and why?

45. Is there any material, content, or activity you would recommend to not include in future trainings?

46. Are there specific resources you would recommend for inclusion in future trainings?

47. Do you have any other comments or suggestions?

48. Which of the following **best** describes the organization in which you work? (**Mark all that apply.**)

- | | |
|--|---|
| <input type="checkbox"/> Academic institution | <input type="checkbox"/> OTIP grantee |
| <input type="checkbox"/> Anti-trafficking organization | <input type="checkbox"/> Self-employed |
| <input type="checkbox"/> Business/For-profit organization | <input type="checkbox"/> Survivor-led organization |
| <input type="checkbox"/> Coalition/Multidisciplinary team/Task force | <input type="checkbox"/> Tribal government |
| <input type="checkbox"/> Federal government | <input type="checkbox"/> Union/Worker advocacy organization |
| <input type="checkbox"/> Faith-based organization | <input type="checkbox"/> Victim service provider |
| <input type="checkbox"/> State and local government | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Nonprofit/Community-based organization | |

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

50. 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) | |

51. In your professional capacity, how frequently do you come into contact with a person who is 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>

52. 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

53. Which of the following **best** describes your primary role in your current position?

- | | | |
|--|---|---|
| <input type="checkbox"/> Direct delivery/Frontline staff | <input type="checkbox"/> Consultant/Trainer | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Management | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Peer educator |
| <input type="checkbox"/> Other (please specify): _____ | | |

54. Which of the following **best** describes your geographic population? **(Mark all that apply.)**

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> National | <input type="checkbox"/> Local |
| <input type="checkbox"/> State (please specify): _____ | <input type="checkbox"/> Urban |
| <input type="checkbox"/> Tribal | <input type="checkbox"/> Rural |
| <input type="checkbox"/> International (please specify country): _____ | <input type="checkbox"/> Suburban |

55. Please select any of the following populations you currently work with in a professional capacity **(Mark all that apply.)**

- | | |
|---|---|
| <input type="checkbox"/> Human trafficking | <input type="checkbox"/> Minors |
| <input type="checkbox"/> Commercial sexual exploitation of children | <input type="checkbox"/> Children/youth |
| <input type="checkbox"/> Sex trafficking | <input type="checkbox"/> Out of home/Foster care/Kinship care |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Juvenile justice |
| <input type="checkbox"/> Minors | <input type="checkbox"/> Runaway/Homeless youth |
| <input type="checkbox"/> Labor trafficking | <input type="checkbox"/> People with disabilities |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Deaf/Hearing impaired |
| | <input type="checkbox"/> Elderly |

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- 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): _____

56. 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): _____

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

- Hispanic or Latino
- Middle Eastern or North African
- Other (please specify): _____

58. 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 NHTTAC/SOAR activities.

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Please provide the information below to create an anonymous ID:

Birth Month (insert just the month for your *date of birth*, example: 08 for August) First letter of first name (example: S for Sara) First letter of your middle name (example: M for Maria)

Part I. NHTTAC Scholarship Program

- How did you hear about this Scholarship Program? **(Mark all that apply.)**
 - NHTTAC Website
 - Exhibit or presentation at a conference
 - NHTTAC Listserv
 - OTIP program monitor or other OTIP staff person
 - Another organization
 - A colleague or friend
 - A publication or newsletter
 - Other (please specify): _____
- What month and year did you apply? _____
- Would you recommend the NHTTAC Professional Development Scholarship to others? Yes No

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

APPLICATION PROCESS	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
4. NHTTAC was responsive to my questions and needs.	1	2	3	4	NA
5. The application was easy to complete.	1	2	3	4	NA
6. The application instructions clearly explained the eligibility requirements.	1	2	3	4	NA
7. The application instructions clearly explained the expenses covered under the program.	1	2	3	4	NA
8. I am satisfied with the notification process.	1	2	3	4	NA
9. I am satisfied with the overall application process by NHTTAC.	1	2	3	4	NA

- What could be done differently to improve the application process?

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11. Do you have any other comments or suggestions about the application process?

Please rate the following registration, pre-meeting service, and logistical arrangements using the following scale:

LOGISTICS	Poor	Fair	Good	Excellent	Not Applicable
12. Meeting registration	1	2	3	4	NA
13. Onsite registration check-in process	1	2	3	4	NA
14. Attendee meeting packet	1	2	3	4	NA
15. Meeting direction signs	1	2	3	4	NA
16. Conference meeting room	1	2	3	4	NA
17. Travel information (if applicable)	1	2	3	4	NA
18. Hotel accommodations (if applicable)	1	2	3	4	NA

19. Please rate the overall quality of this scholarship program.

1	2	3	4
Poor	Fair	Good	Excellent

20. Which of the following **best** describes the organization in which you work? (Mark all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Academic institution | <input type="checkbox"/> OTIP grantee |
| <input type="checkbox"/> Anti-trafficking organization | <input type="checkbox"/> Self-employed |
| <input type="checkbox"/> Business/For-profit organization | <input type="checkbox"/> Survivor-led organization |
| <input type="checkbox"/> Coalition/Multidisciplinary team/Task force | <input type="checkbox"/> Tribal government |
| <input type="checkbox"/> Federal government | <input type="checkbox"/> Union/Worker advocacy organization |
| <input type="checkbox"/> Faith-based organization | <input type="checkbox"/> Victim service provider |
| <input type="checkbox"/> State and local government | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> Nonprofit/Community-based organization | |

21. 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"/> Health care (e.g., physician, physician assistant, nurse practitioner, dentist, nurse, pharmacist) |
| <input type="checkbox"/> Child welfare (e.g., state agency staff, child welfare contractor, nonprofit personnel) | <input type="checkbox"/> Housing (e.g., case worker, shelter director, public housing authority agencies) |
| <input type="checkbox"/> Corrections-based services (e.g., parole, probation) | <input type="checkbox"/> Legal (e.g., immigration, civil and/or rights-based attorney and/or paralegal, clinic) |
| <input type="checkbox"/> Criminal justice (e.g., law enforcement, prosecutor, probation, court, forensic interviewer) | <input type="checkbox"/> Public health (e.g., licensure board, health department staff, health care executive, community health workers) |
| <input type="checkbox"/> Educator (e.g., teacher, professor, school administrator) | |

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- 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): _____

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

- Yes
- No

23. Which of the following **best** describes the number of years of experience you have in your current field of work? **(Mark one.)**

- Less than 3 years
- 3 to 5 years
- 6 to 10 years
- More than 10 years

24. Which of the following **best** describes your primary role in your current position?

- Direct delivery/frontline staff
- Management
- Other (please specify): _____
- Consultant/Trainer
- Volunteer
- Administration
- Peer Educator

25. 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>Rarely</i>	<i>Frequently</i>	<i>All the Time</i>

26. Which of the following **best** describes your geographic population? **(Mark all that apply.)**

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

27. 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
- Domestic and dating violence
- Gang-related crime
- Sexual abuse/Violence
- Other (Please specify): _____

Paperwork Reduction Act Notice

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28. 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): _____

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

- Hispanic or Latino
- Middle Eastern or North African
- Other (please specify): _____

30. What is your gender? (Mark all that apply.)

- Male
- Female
- Transgender
- Other (please specify): _____

Part II. Event Feedback

31. Please provide the following information about the event you attended with scholarships funds:

Event title: _____
Date(s): _____ **Location:** _____

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

EVENT FEEDBACK	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
32. The event increased my skills and knowledge related to the topic(s).	1	2	3	4	NA
33. The event improved my knowledge of current evidence-based research or promising practices.	1	2	3	4	NA
34. The event improved my skills and knowledge about trauma-informed practices.	1	2	3	4	NA
35. The event improved my skills and knowledge about survivor-informed practices.	1	2	3	4	NA
36. The event improved my skills and knowledge about a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA
37. The event improved my skills and knowledge about a public health approach to addressing human trafficking.	1	2	3	4	NA

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38. The event improved my ability to serve people who are current being trafficked, at risk of trafficking, or have been trafficked.	1	2	3	4	NA
39. The education materials provided for this event were useful.	1	2	3	4	NA
40. The event increased my practical skills related to the topic(s).	1	2	3	4	NA
41. The event met my professional needs.	1	2	3	4	NA
42. The event met my educational needs.	1	2	3	4	NA
43. I will be able to apply what I learned in my work.	1	2	3	4	NA

44. At which type of event was the training held?

- National conference
 Local conference
 State/regional conference
 Other (please specify): _____

45. As a result of participating in this scholarship program, do you plan to do any of the following? (Mark all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Change my management/leadership or interpersonal communication style | <input type="checkbox"/> Develop/strengthen collaborative or strategic relationships |
| <input type="checkbox"/> Further develop skills and knowledge about serving people who are currently being trafficked, at risk of trafficking, or have been trafficked | <input type="checkbox"/> Network with other participants |
| <input type="checkbox"/> Write grants/fundraise/identify new funding resources | <input type="checkbox"/> Share materials with colleagues |
| <input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enhance vision, mission, or strategic plan | <input type="checkbox"/> Provide information to clients/families/youth |
| <input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enact policy changes at my organization | <input type="checkbox"/> Train/educate others in content/skills learned |
| <input type="checkbox"/> Improve programs/practices | <input type="checkbox"/> Raise public awareness/advocacy/outreach activities offered to people who are currently being trafficked, at risk of trafficking, or have been trafficked |
| <input type="checkbox"/> Improve technology/websites/infrastructure | <input type="checkbox"/> Refer colleagues to NHTTAC events/resources |
| <input type="checkbox"/> Integrate victim-centered, survivor-informed strategies | <input type="checkbox"/> Conduct research |
| <input type="checkbox"/> Expand services or types of services | <input type="checkbox"/> Strengthen evaluation or needs assessment activities |
| <input type="checkbox"/> Begin a new project or initiative | <input type="checkbox"/> Improve identification and reporting methods for trafficking |
| | <input type="checkbox"/> Take additional training on human trafficking |
| | <input type="checkbox"/> Other (please specify): _____ |

46. 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.)

- | | |
|--|--|
| <input type="checkbox"/> Lack of senior leadership support | <input type="checkbox"/> Difficulty in establishing and/or maintaining a multi-disciplinary team |
| <input type="checkbox"/> Lack of frontline support and accountability | <input type="checkbox"/> Need for partnership building with other organizations |
| <input type="checkbox"/> Continuous turnover | <input type="checkbox"/> Variation in mission and regulatory frameworks when partnering with other organizations |
| <input type="checkbox"/> Shortages of key personnel | <input type="checkbox"/> Lack of information and/or data sharing among organizations |
| <input type="checkbox"/> Competing priorities | <input type="checkbox"/> Lack of time to implement changes |
| <input type="checkbox"/> Inaccessible research and/or information | |
| <input type="checkbox"/> Lack of urgency | |
| <input type="checkbox"/> Lack of shared responsibility across organizational collaboration | |

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Lack of training for staff in how to implement change

Other (please explain): _____

47. What aspects of the event were most helpful and why?

48. Do you have any other comments or suggestions about the event?

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

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REQUESTER NAME/AGENCY: _____
CONSULTANT(S)/PRESENTER(S): _____
NHTTAC TRAINING/TECHNICAL ASSISTANCE SPECIALIST: _____

1. Please select the type of training and technical assistance (T/TA) you requested:

- | | |
|---|--|
| <input type="checkbox"/> Needs assessment
<input type="checkbox"/> Organization audit
<input type="checkbox"/> SOAR for communities
<input type="checkbox"/> In-person SOAR training
<input type="checkbox"/> In-person training
<input type="checkbox"/> Peer-to-peer collaboration
<input type="checkbox"/> Coaching
<input type="checkbox"/> Mentorship | <input type="checkbox"/> Review of materials (e.g., protocols, screening forms, etc.)
<input type="checkbox"/> Remote training
<input type="checkbox"/> Training of trainers
<input type="checkbox"/> SOAR training for HHS personnel
<input type="checkbox"/> Strategic partnerships for SOAR <i>Online</i>
<input type="checkbox"/> Other (please specify): _____ |
|---|--|

Please indicate the extent to which you were satisfied or not satisfied with your overall experience working with NHTTAC:

	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied
2. The overall quality of the support you received from NHTTAC staff	1	2	3	4
3. Your overall experience with NHTTAC staff	1	2	3	4
4. Your interactions with NHTTAC staff	1	2	3	4
5. Your interactions with the consultants	1	2	3	4
6. The quality of support you received from NHTTAC staff during the needs assessment process	1	2	3	4
7. The quality of support you received from the consultants in implementing the T/TA	1	2	3	4

Please indicate the extent to which you agree or disagree with the following statements about your interactions with NHTTAC staff and the planning process:

PLANNING	Strongly Disagree	Disagree	Agree	Strongly Agree
8. NHTTAC was responsive to my questions and needs.	1	2	3	4
9. NHTTAC was effective in identifying an appropriate consultant/presenter.	1	2	3	4
10. NHTTAC staff was detail oriented and thorough in the planning of this T/TA.	1	2	3	4

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11. NHTTAC was timely throughout the planning process.	1	2	3	4
NEEDS ASSESSMENT	Strongly Disagree	Disagree	Agree	Strongly Agree
12. NHTTAC helped me determine the most important needs are for [me][my organization] to address human trafficking.	1	2	3	4
13. NHTTAC helped me determine the most important needs are for [me][my organization] to <insert objective>.	1	2	3	4
14. NHTTAC helped me determine the most important needs are for [me][my organization] to <insert objective>.	1	2	3	4
15. As a result of the needs assessment, [I][my organization] can....	1	2	3	4
16. As a result of the needs assessment, [I][my organization] can....	1	2	3	4
17. As a result of the needs assessment, [I][my organization] can....	1	2	3	4

18. What aspects of the NHTTAC planning process were most helpful, and why?

19. What aspects of the needs assessment were most helpful, and why?

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

CONSULTANT 1: _____	Strongly Disagree	Disagree	Agree	Strongly Agree
20. The consultant was easy to communicate with in planning for the T/TA.	1	2	3	4
21. The consultant responded to me in a timely manner.	1	2	3	4
22. The consultant was respectful.	1	2	3	4
23. The consultant’s knowledge and expertise were appropriate for my needs.	1	2	3	4
CONSULTANT 2: _____	Strongly Disagree	Disagree	Agree	Strongly Agree
24. The consultant was easy to communicate with in planning for the T/TA.	1	2	3	4
25. The consultant responded to me in a timely manner.	1	2	3	4
26. The consultant was respectful.	1	2	3	4
27. The consultant’s knowledge and expertise were appropriate for my needs.	1	2	3	4

28. Would you recommend [NHTTAC][SOAR] T/TA to others to receive T/TA? Yes No

29. What suggestions do you have for improving NHTTAC’s support of T/TA planning and/or delivery?

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30. What additional needs do you or your organization have regarding this topic?

31. 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 and 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): _____

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

- Yes
- No

33. 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): _____

34. 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>

35. 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

36. Which of the following **best** describes your primary role in your current position?

- Direct delivery/Frontline staff
- Consultant/Trainer
- Administration

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- Management
- Volunteer
- Peer Educator
- Other (please specify): _____

37. Which of the following **best** describes your geographic population? (Mark all that apply.)

- National
- State (please specify): _____
- Tribal
- International (please specify country):

- Local
- Urban
- Rural
- Suburban

38. 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): _____

39. Do you have any other comments or suggestions you would like to share about your [NHTTAC][SOAR] experience?

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

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DATE DOWNLOADED/RECEIVED: _____

1. What [NHTTAC][SOAR] resource did you download or receive?

<input type="checkbox"/> SOAR e-guide	<input type="checkbox"/> <Insert resource>
<input type="checkbox"/> State and territory profiles	<input type="checkbox"/> <Insert resource>
<input type="checkbox"/> Screening toolkit	<input type="checkbox"/> <Insert resource>
<input type="checkbox"/> Webinar recordings	<input type="checkbox"/> <Insert resource>
<input type="checkbox"/> Organizational toolkit	<input type="checkbox"/> <Insert resource>

2. Which of the following **best** describes the reason you obtained <insert material>?

<input type="checkbox"/> Personal use/assist a family member/friend	<input type="checkbox"/> For use in program development/operations
<input type="checkbox"/> To better identify people who are at risk or have been trafficked	<input type="checkbox"/> For academic studies
<input type="checkbox"/> To better provide services to a person who is currently being trafficked, at risk of trafficking, or has been trafficked	<input type="checkbox"/> For education/community outreach
	<input type="checkbox"/> To train colleagues
	<input type="checkbox"/> Other (please specify): _____

3. How have you used the <insert material>? (Mark all that apply).

<input type="checkbox"/> To train others	<input type="checkbox"/> <Insert reason>
<input type="checkbox"/> In your work with patients/clients	<input type="checkbox"/> <Insert reason>
<input type="checkbox"/> For protocol development	<input type="checkbox"/> <Insert reason>
<input type="checkbox"/> For outreach efforts	<input type="checkbox"/> <Insert reason>

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

COMPONENT 1: _____	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
4. The resource addressed the critical issues related to the topic(s).	1	2	3	4	NA
5. I am satisfied with the overall quality of the material.	1	2	3	4	NA
6. The material was organized and clear.	1	2	3	4	NA
7. The terminology included in the material was used correctly.	1	2	3	4	NA
8. The material increased my knowledge about the topic(s).	1	2	3	4	NA
9. The material included current evidence-based research or promising practices.	1	2	3	4	NA
10. The material reflected a public health approach to addressing human trafficking.	1	2	3	4	NA
11. The content of the material was survivor informed.	1	2	3	4	NA
12. The content of the material was trauma informed.	1	2	3	4	NA

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**SHORT TERM T/TA
FEEDBACK
Protocol**



NATIONAL HUMAN TRAFFICKING TRAINING AND TECHNICAL ASSISTANCE CENTER OMB Control Number: 0970-XXXX
Expiration Date: XX/XX/XXXX

In order to help the National Technical assistance 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.

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*,
example: 08 for August)

<p>T/TA: _____</p> <p>DATES(S): _____</p> <p>FACILITATOR(S): _____</p>
--

Please indicate how well the technical assistance met each stated objective.

OVERALL OBJECTIVES	Poor	Fair	Good	Excellent
1. [Insert objective 1].	1	2	3	4
2. [Insert objective 2].	1	2	3	4
3. [Insert objective 3].	1	2	3	4
4. [Insert objective 4].	1	2	3	4
5. [Insert objective 5].	1	2	3	4

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

FACILITATOR 1: _____	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
6. The facilitator’s knowledge and expertise of this presenter were appropriate for this technical assistance.	1	2	3	4	NA
7. The facilitator delivered the content of the technical assistance effectively.	1	2	3	4	NA
8. The facilitator responded well to questions and comments.	1	2	3	4	NA
9. The facilitator created a respectful environment for participants.	1	2	3	4	NA
10. The facilitator encouraged and initiated helpful discussions.	1	2	3	4	NA

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**SHORT TERM T/TA
FEEDBACK
Protocol**



FACILITATOR 2: _____	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
11. The facilitator's knowledge and expertise of this presenter were appropriate for this technical assistance.	1	2	3	4	NA
12. The facilitator delivered the content of the technical assistance effectively.	1	2	3	4	NA
13. The facilitator responded well to questions and comments.	1	2	3	4	NA
14. The facilitator created a respectful environment for participants.	1	2	3	4	NA
15. The facilitator encouraged and initiated helpful discussions.	1	2	3	4	NA
OVERALL FEEDBACK	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
16. The technical assistance addressed the critical issues related to the topic(s).	1	2	3	4	NA
17. The time allotted was adequate for the scope of material.	1	2	3	4	NA
18. The technical assistance was well organized and clear.	1	2	3	4	NA
19. The technical assistance increased my knowledge related to the topic(s).	1	2	3	4	NA
20. The technical assistance was trauma-informed.	1	2	3	4	NA
21. The technical assistance was survivor-informed.	1	2	3	4	NA
22. The technical assistance was grounded in current evidence-based or promising practices.	1	2	3	4	NA
23. The technical assistance was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA
24. The technical assistance reflected a public health approach to addressing human trafficking.	1	2	3	4	NA
25. The technical assistance increased my practical skills related to the topic(s).	1	2	3	4	NA
26. This technical assistance met my educational needs.	1	2	3	4	NA
27. This technical assistance met my professional needs.	1	2	3	4	NA
28. I will be able to apply what I learned in my work.	1	2	3	4	NA
29. The technical assistance improved my ability to serve people who are currently being trafficked, at risk of trafficking, or have been trafficked.	1	2	3	4	NA
30. I will share what I learned with my colleagues.	1	2	3	4	NA

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**SHORT TERM T/TA
FEEDBACK
Protocol**



Please select the number that best represents your rating of this technical assistance for each of the following questions.

31. How satisfied were you with your overall NHTTAC experience?

1	2	3	4
<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>Satisfied</i>	<i>Very Satisfied</i>

32. Please rate the overall quality of this technical assistance.

1	2	3	4
<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>

33. How well did this technical assistance meet your expectations?

1	2	3	4
<i>Far Below My Expectations</i>	<i>Did Not Meet My Expectations</i>	<i>Met My Expectations</i>	<i>Exceeded My Expectations</i>

34. How useful was the technical assistance information to your work?

1	2	3	4
<i>Not Useful</i>	<i>Somewhat Useful</i>	<i>Useful</i>	<i>Very Useful</i>

35. How prepared do you feel in implementing what you learned from this technical assistance in your daily work?

1	2	3	4
<i>Not At All Prepared</i>	<i>Somewhat Unprepared</i>	<i>Somewhat Prepared</i>	<i>Very Prepared</i>

36. As a result of participating in this technical assistance, do you plan to do any of the following? **(Mark all that apply.)**

- | | |
|--|--|
| <input type="checkbox"/> Change my management/leadership or interpersonal communication style | <input type="checkbox"/> Develop/strengthen collaborative or strategic relationships |
| <input type="checkbox"/> Further develop skills and knowledge about serving people who are currently being trafficked, at risk of trafficking, or have been trafficked | <input type="checkbox"/> Network with other participants |
| <input type="checkbox"/> Write grants/fundraise/identify new funding resources | <input type="checkbox"/> Share materials with colleagues |
| <input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enhance vision, mission, or strategic plan | <input type="checkbox"/> Provide information to clients/families/youth |
| <input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enact policy changes at my organization | <input type="checkbox"/> Train/educate others in content/skills learned |
| <input type="checkbox"/> Improve programs/practices | <input type="checkbox"/> Raise public awareness/advocacy/outreach activities offered to people who are currently being trafficked, at risk of trafficking, or have been trafficked |
| <input type="checkbox"/> Improve technology/websites/infrastructure | <input type="checkbox"/> Refer colleagues to NHTTAC events/resources |
| <input type="checkbox"/> Integrate victim-centered, survivor-informed strategies | <input type="checkbox"/> Conduct research |
| <input type="checkbox"/> Expand services or types of services | <input type="checkbox"/> Strengthen evaluation or needs assessment activities |
| <input type="checkbox"/> Begin a new project or initiative | <input type="checkbox"/> Improve identification and reporting methods for trafficking |
| | <input type="checkbox"/> Take additional training on human trafficking |
| | <input type="checkbox"/> Other (please specify): _____ |

Paperwork Reduction Act Notice

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**SHORT TERM T/TA
FEEDBACK
Protocol**



NATIONAL HUMAN TRAFFICKING TRAINING AND TECHNICAL ASSISTANCE CENTER OMB Control Number: 0970-XXXX
Expiration Date: XX/XX/XXXX

37. 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 multi-disciplinary team
- Need for partnership building with other organizations
- 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): _____

38. Would you recommend NHTTAC to others to receive T/TA? Yes No

39. Please list any professional goals you have achieved through this T/TA.

40. How will this assistance help your agency in responding to human trafficking?

41. What aspects of the assistance were most helpful and why?

42. What could NHTTAC do differently to improve similar T/TA requests in the future?

43. Do you have any other comments or suggestions?

Paperwork Reduction Act Notice

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**SHORT TERM T/TA
FEEDBACK
Protocol**



44. 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 and 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): _____

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

- Yes
- No

46. 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): _____

47. Which of the following **best** describes the number of years of experience you have in your current field of work? (**Mark one.**)

- Less than 3 years
- 3 to 5 years
- 6 to 10 years
- More than 10 years

48. Which of the following **best** describes your primary role in your current position?

- Direct delivery/frontline staff
- Management
- Other (please specify): _____
- Consultant/Trainer
- Volunteer
- Administration
- Peer Educator

49. 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>

Paperwork Reduction Act Notice

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**SHORT TERM T/TA
FEEDBACK
Protocol**



50. Which of the following **best** describes your geographic population? (**Mark all that apply.**)

- National
- State (please specify): _____
- Tribal
- International (please specify country):

- Local
- Urban
- Rural
- Suburban

51. 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
- Domestic and dating violence
- Gang-related crime
- Sexual abuse/Violence
- Other (please specify): _____

52. 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): _____

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

- Hispanic or Latino
- Middle Eastern or North African
- Other (please specify): _____

54. 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 NHTTAC activities.

Paperwork Reduction Act Notice

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**SOAR BLENDED LEARNING
PARTICIPANT FEEDBACK**



**OMB Control Number: 0970-XXXX
Expiration Date: XX/XX/XXXX**

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.

PRETRAINING 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)

Please rate your level of confidence in your ability to:

	Very Low	Low	High	Very High
1. Identify people who are at risk or have been trafficked	1	2	3	4
2. Develop or redefine your vision and mission statements	1	2	3	4
3. Serve individuals [at-risk of human trafficking] [recently out of a trafficking situation] [who were trafficked in the past]	1	2	3	4
4. Create a list of objectives for organizational change	1	2	3	4
5. Identify the elements of an action-planning process	1	2	3	4

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WEEKLY 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)

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

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. As a result of this week’s training activities, I <insert learning objective>.	1	2	3	4
2. As a result of this week’s training activities, I <insert learning objective>.	1	2	3	4
3. As a result of this week’s training activities, I <insert learning objective>.	1	2	3	4
4. As a result of this week’s training activities, I <insert learning objective>.	1	2	3	4
5. As a result of this week’s training activities, I <insert learning objective>.	1	2	3	4

6. Did the instructor(s) provide feedback on the mastery of the learning objectives? Yes No

Please indicate the extent to which you agree or disagree with the following statements about the self-study materials for this week:

	Strongly Disagree	Disagree	Agree	Strongly Agree
7. The materials addressed the learning objectives clearly.	1	2	3	4
8. The materials addressed the critical issues related to the topic(s).	1	2	3	4
9. The time allotted was adequate for the scope of the self-study materials.	1	2	3	4
10. The content of the material was appropriate for my level of experience and knowledge.	1	2	3	4
11. The materials increased my knowledge related to the topics.	1	2	3	4
12. The materials increased my practical skills related to the topics.	1	2	3	4
13. I am satisfied with the overall quality of the materials.	1	2	3	4

Please indicate the extent to which you agree or disagree with the following statements about the webinar for this week:

Paperwork Reduction Act Notice

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	Strongly Disagree	Disagree	Agree	Strongly Agree
14. The webinar addressed the learning objectives clearly.	1	2	3	4
15. The webinar addressed the critical issues related to the topic(s).	1	2	3	4
16. The time allotted was adequate for the scope of material covered.	1	2	3	4
17. The webinar was well organized and clear.	1	2	3	4
18. The material was appropriate for my level of experience and knowledge.	1	2	3	4
19. The webinar increased my knowledge related to the topics.	1	2	3	4
20. The webinar increased my practical skills related to the topics.	1	2	3	4
21. I am satisfied with the overall quality of the webinar.	1	2	3	4

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

Instructor 1: _____	Strongly Disagree	Disagree	Agree	Strongly Agree
22. The instructor demonstrated a comprehensive knowledge of the subject.	1	2	3	4
23. The instructor presented the content clearly and logically.	1	2	3	4
24. The instructor responded positively to questions and comments.	1	2	3	4
25. The instructor created a respectful environment for the participants.	1	2	3	4
Instructor 2: _____	Strongly Disagree	Disagree	Agree	Strongly Agree
26. The instructor demonstrated a comprehensive knowledge of the subject.	1	2	3	4
27. The instructor presented the content clearly and logically.	1	2	3	4
28. The instructor responded positively to questions and comments.	1	2	3	4
29. The instructor created a respectful environment for the participants.	1	2	3	4

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WEEK 4 (OR LAST WEEK OF 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)

Please rate your level of confidence in your ability to:

	Very Low	Low	High	Very High
6. Identify a person who is currently being trafficked, at risk of trafficking, or has been trafficked.	1	2	3	4
7. Develop/redefine your vision and mission statements	1	2	3	4
8. Serve individuals [at risk of human trafficking] [recently out of a trafficking situation] [who were trafficked in the past]	1	2	3	4
9. Create a list of objectives for organizational change	1	2	3	4
10. Identify elements of an action-planning process	1	2	3	4

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

	Strongly Disagree	Disagree	Agree	Strongly Agree
11. As a result of this week’s training activities, I <insert learning objective>.	1	2	3	4
12. As a result of this week’s training activities, I <insert learning objective>.	1	2	3	4
13. As a result of this week’s training activities, I <insert learning objective>.	1	2	3	4
14. As a result of this week’s training activities, I <insert learning objective>.	1	2	3	4
15. As a result of this week’s training activities, I <insert learning objective>.	1	2	3	4

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

Instructor 1: _____	Strongly Disagree	Disagree	Agree	Strongly Agree
16. The instructor demonstrated a comprehensive knowledge of the subject.	1	2	3	4
17. The instructor presented the content clearly and logically.	1	2	3	4

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18. The instructor responded positively to questions and comments.	1	2	3	4
19. The instructor created a respectful environment for the participants.	1	2	3	4
Instructor 2: _____	Strongly Disagree	Disagree	Agree	Strongly Agree
20. The instructor demonstrated a comprehensive knowledge of the subject.	1	2	3	4
21. The instructor presented the content clearly and logically.	1	2	3	4
22. The instructor responded positively to questions and comments.	1	2	3	4
23. The instructor created a respectful environment for the participants.	1	2	3	4

24. Did the instructor(s) provide feedback on the mastery of the learning objectives? Yes No

Please indicate the extent to which you agree or disagree with the following statements about the self-study materials for this week:

	Strongly Disagree	Disagree	Agree	Strongly Agree
25. The materials addressed the learning objectives clearly.	1	2	3	4
26. The materials addressed the critical issues related to the topic(s).	1	2	3	4
27. The time allotted was adequate for the scope of the self-study materials.	1	2	3	4
28. The content of the material was appropriate for my level of experience and knowledge.	1	2	3	4
29. The materials increased my knowledge related to the topics.	1	2	3	4
30. The materials increased my practical skills related to the topics.	1	2	3	4
31. I am satisfied with the overall quality of the materials.	1	2	3	4

Please indicate the extent to which you agree or disagree with the following statements about the webinar for this week:

	Strongly Disagree	Disagree	Agree	Strongly Agree
32. The webinar addressed the learning objectives clearly.	1	2	3	4
33. The webinar addressed the critical issues related to the topic(s).	1	2	3	4
34. The time allotted was adequate for the scope of material covered.	1	2	3	4
35. The webinar was well organized and clear.	1	2	3	4
36. The material was appropriate for my level of experience and knowledge.	1	2	3	4
37. The webinar increased my knowledge related to the topics.	1	2	3	4

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38. The webinar increased my practical skills related to the topics.	1	2	3	4
39. I am satisfied with the overall quality of the webinar.	1	2	3	4

OVERALL TRAINING EVALUATION QUESTIONS (FOR LAST WEEK OF TRAINING OR DISSEMINATED 1 WEEK AFTER COMPLETION OF THE COURSE)

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)

For the next set of questions, please rate your responses based on the overall training:

1. Did you receive continuing education credits for completing the training? Yes No

Please click the number that best represents your rating for this training for each of the following questions:

2. Please rate the overall quality of this training.

1	2	3	4
<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Very Good</i>

3. Please rate the overall quality of the webinar portion of this training.

1	2	3	4
<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Very Good</i>

4. Please rate the overall quality of readings, videos (excluding webinars), and worksheets used in this training.

1	2	3	4
<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Very Good</i>

5. Please rate how well the webinars and other weekly learning materials complemented each other.

1	2	3	4
<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Very Good</i>

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

	Strongly Disagree	Disagree	Agree	Strongly Agree
6. I am confident that I will be able to use the knowledge and skills I learned during the SOAR training when I return to my job.	1	2	3	4
7. The training met my educational needs.	1	2	3	4
8. The training met my professional needs.	1	2	3	4
9. The educational materials provided during this training were useful.	1	2	3	4
10. The activities provided appropriate and effective opportunities for active learning (case studies, discussion, Q&A, etc.)	1	2	3	4
11. The time allotted was adequate for the scope of material covered.	1	2	3	4
12. The technology was easy to use.	1	2	3	4
13. The use of technology provided a good learning environment.	1	2	3	4
14. Overall, the instructors were knowledgeable about the content.	1	2	3	4
15. As a result of this SOAR training, I can <insert learning objective>.	1	2	3	4
16. As a result of this SOAR training, I can <insert learning objective>.	1	2	3	4
17. The training was survivor informed.	1	2	3	4
18. The training was trauma informed.	1	2	3	4
19. The training was based on current evidence-based research or promising practices.	1	2	3	4
20. The training reflects a public health approach to addressing human trafficking.	1	2	3	4
21. The training will be useful for my practice or for my professional development.	1	2	3	4
22. The training was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4
23. The training provided ample opportunity and encouragement for participants to meaningfully interact with each other.	1	2	3	4

24. As a result of participating in this SOAR training, do you plan to do any of the following? **(Mark all that apply.)**

- | | |
|--|--|
| <input type="checkbox"/> Change my management/leadership or interpersonal communication style | <input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enhance vision, mission, or strategic plan |
| <input type="checkbox"/> Further develop skills and knowledge about serving victims of trafficking | <input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enact policy changes at my organization |
| <input type="checkbox"/> Write grants/fundraise/identify new funding resources | <input type="checkbox"/> Improve programs/practices |
| | <input type="checkbox"/> Improve technology/websites/infrastructure |

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- | | |
|--|---|
| <input type="checkbox"/> Integrate victim-centered, survivor-informed strategies | <input type="checkbox"/> Raise public awareness/advocacy/outreach activities offered to victims |
| <input type="checkbox"/> Expand services or types of services | <input type="checkbox"/> Refer colleagues to NHTTAC events/resources |
| <input type="checkbox"/> Begin a new project or initiative | <input type="checkbox"/> Conduct research |
| <input type="checkbox"/> Develop/strengthen collaborative or strategic relationships | <input type="checkbox"/> Strengthen evaluation or needs assessment activities |
| <input type="checkbox"/> Network with other participants | <input type="checkbox"/> Improve identification and reporting methods for trafficking |
| <input type="checkbox"/> Share materials with colleagues | <input type="checkbox"/> Take additional training on human trafficking |
| <input type="checkbox"/> Provide information to clients/families/youth | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Train/educate others in content/skills learned | |

25. 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.**)

- | | |
|--|--|
| <input type="checkbox"/> Lack of senior leadership support | <input type="checkbox"/> Difficulty in establishing and/or maintaining a multidisciplinary team |
| <input type="checkbox"/> Lack of frontline support and accountability | <input type="checkbox"/> Variation in mission and regulatory frameworks when partnering with other organizations |
| <input type="checkbox"/> Continuous turnover | <input type="checkbox"/> Lack of information and/or data sharing among organizations |
| <input type="checkbox"/> Shortages of key personnel | <input type="checkbox"/> Lack of time to implement changes |
| <input type="checkbox"/> Competing priorities | <input type="checkbox"/> Lack of training for staff in how to implement change |
| <input type="checkbox"/> Inaccessible research and/or information | <input type="checkbox"/> Other (please explain): _____ |
| <input type="checkbox"/> Lack of urgency | |
| <input type="checkbox"/> Lack of shared responsibility across organizational collaboration | |

26. Would you recommend SOAR to others to receiving training? Yes No

27. What could be done differently to improve the training?

28. Which of the following **best** describes the organization in which you work? (**Mark all that apply.**)

- | | |
|--|---|
| <input type="checkbox"/> Academic institution | <input type="checkbox"/> Nonprofit/community-based organization |
| <input type="checkbox"/> Anti-trafficking organization | <input type="checkbox"/> OTIP grantee |
| <input type="checkbox"/> Business/for-profit organization | <input type="checkbox"/> Self-employed |
| <input type="checkbox"/> Coalition/multidisciplinary team/task force | <input type="checkbox"/> Survivor-led organization |
| <input type="checkbox"/> Federal government | <input type="checkbox"/> Tribal government |
| <input type="checkbox"/> Faith-based organization | <input type="checkbox"/> Union/worker advocacy organization |
| <input type="checkbox"/> State/local government | <input type="checkbox"/> Victim service provider |
| | <input type="checkbox"/> Other (please specify): _____ |

29. 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"/> Child welfare (e.g., state agency staff, child welfare contractor, nonprofit personnel) |
|---|--|

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

30. 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>

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

32. 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

33. 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): _____

34. Which of the following **best** describes your geographic population? (**Mark all that apply.**)

<input type="checkbox"/> National	<input type="checkbox"/> Local
<input type="checkbox"/> State (please specify): _____	<input type="checkbox"/> Urban
<input type="checkbox"/> Tribal	<input type="checkbox"/> Rural
<input type="checkbox"/> International (please specify country): _____	<input type="checkbox"/> Suburban

35. Please select any of the following populations you currently work with in a professional capacity. (**Mark all that apply.**)

<input type="checkbox"/> Human trafficking	<input type="checkbox"/> Minors
<input type="checkbox"/> Commercial sexual exploitation of children	<input type="checkbox"/> Labor trafficking
<input type="checkbox"/> Sex trafficking	<input type="checkbox"/> Adults
<input type="checkbox"/> Adults	<input type="checkbox"/> Minors
	<input type="checkbox"/> Children/youth

Paperwork Reduction Act Notice

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**SOAR BLENDED LEARNING
PARTICIPANT FEEDBACK**



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

**OMB Control Number: 0970-XXXX
Expiration Date: XX/XX/XXXX**

- 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): _____

35. 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): _____

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

- Hispanic or Latino
- Middle Eastern or North African
- Other (please specify): _____

37. 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

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**SOAR CONFERENCE
TRAINING FEEDBACK**



**OMB Control Number: 0970-XXXX
Expiration Date: XX/XX/XXXX**

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.

CONFERENCE: _____	TRAINING: _____
DATE(S): _____	
PRESENTER(S): _____	

PRE-TRAINING QUESTIONS:

Please provide the information below to create an anonymous ID:

_____	_____	_____
Birth Month (insert just the month for your date of birth: 08 for August)	First letter of first name (example: S for Sara)	First letter of your middle name (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
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

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 2 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.

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
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. 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>

Paperwork Reduction Act Notice

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POST-TRAINING QUESTIONS:

Please provide the information below to create an anonymous ID:

Birth Month (insert just the month for your date of birth: 08 for August) First letter of first name (example: S for Sara) First letter of your middle name (example: M for Maria)

[Note: Objectives selected for the post-training will mirror the objectives selected for the pre-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
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

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**SOAR CONFERENCE
TRAINING FEEDBACK**



**OMB Control Number: 0970-XXXX
Expiration Date: XX/XX/XXXX**

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. <Insert learning objective>	1	2	3	4

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

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

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

Presenter 1: _____	Strongly Disagree	Disagree	Agree	Strongly Agree
25. The presenter's knowledge and expertise were appropriate for this session.	1	2	3	4
26. The presenter delivered the content of the session effectively.	1	2	3	4
27. The presenter responded positively to questions and comments.	1	2	3	4
28. The presenter created a respectful environment for participants.	1	2	3	4
Presenter 1: _____	Strongly Disagree	Disagree	Agree	Strongly Agree
29. The presenter's knowledge and expertise were appropriate for this session.	1	2	3	4
30. The presenter delivered the content of the session effectively.	1	2	3	4
31. The presenter responded positively to questions and comments.	1	2	3	4
32. The presenter created a respectful environment for participants.	1	2	3	4
Conference Session Feedback	Strongly Disagree	Disagree	Agree	Strongly Agree
33. I am confident that I will be able to use the knowledge and skills I learned during the SOAR training when I return to my job.	1	2	3	4
34. The training met my educational needs.	1	2	3	4
35. The training met my professional needs.	1	2	3	4
36. The educational materials provided during this training were useful.	1	2	3	4
37. The activity provided appropriate and effective opportunities for active learning (case studies, discussion, Q&A, etc.).	1	2	3	4

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38. The training was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4
39. The training reflected a public health approach to addressing human trafficking.	1	2	3	4
40. I learned a great deal as a result of this training.	1	2	3	4
41. The training was survivor informed.	1	2	3	4
42. The training was trauma informed.	1	2	3	4
43. The training was based on current evidence-based research or promising practices.	1	2	3	4
44. The pace of this workshop was appropriate.	1	2	3	4
45. The workshop was a good way for me to learn the content.	1	2	3	4

46. Please rate the overall quality of this training.

1	2	3	4
<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>

47. As a result of participating in this training, do you plan to do any of the following? **(Mark all that apply.)**

- | | |
|--|---|
| <input type="checkbox"/> Change my management/leadership or interpersonal communication style | <input type="checkbox"/> Begin a new project or initiative |
| <input type="checkbox"/> Further develop skills and knowledge about serving victims of trafficking | <input type="checkbox"/> Develop/strengthen collaborative or strategic relationships |
| <input type="checkbox"/> Write grants/fundraise/identify new funding resources | <input type="checkbox"/> Network with other participants |
| <input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enhance vision, mission, or strategic plan | <input type="checkbox"/> Share materials with colleagues |
| <input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enact policy changes at my organization | <input type="checkbox"/> Provide information to clients/families/youth |
| <input type="checkbox"/> Improve programs/practices | <input type="checkbox"/> Train/educate others in content/skills learned |
| <input type="checkbox"/> Improve technology/websites/infrastructure | <input type="checkbox"/> Raise public awareness/advocacy/outreach activities offered to victims |
| <input type="checkbox"/> Integrate victim-centered, survivor-informed strategies | <input type="checkbox"/> Refer colleagues to NHTTAC events/resources |
| <input type="checkbox"/> Expand services or types of services | <input type="checkbox"/> Conduct research |
| | <input type="checkbox"/> Strengthen evaluation or needs assessment activities |
| | <input type="checkbox"/> Improve identification and reporting methods for trafficking |
| | <input type="checkbox"/> Take additional training on human trafficking |
| | <input type="checkbox"/> Other (please specify): _____ |

48. 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.)**

- | | |
|---|---|
| <input type="checkbox"/> Lack of senior leadership support | <input type="checkbox"/> Competing priorities |
| <input type="checkbox"/> Lack of frontline support and accountability | <input type="checkbox"/> Inaccessible research and/or information |
| <input type="checkbox"/> Continuous turnover | <input type="checkbox"/> Lack of urgency |
| <input type="checkbox"/> Shortages of key personnel | |

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**SOAR CONFERENCE
TRAINING FEEDBACK**



**OMB Control Number: 0970-XXXX
Expiration Date: XX/XX/XXXX**

- Lack of shared responsibility across organizational collaboration
- 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): _____

49. Would you recommend SOAR training to others? Yes No

50. 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): _____

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

- Yes No

52. 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): _____

53. 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?

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1	2	3	4
<i>Never</i>	<i>Occasionally</i>	<i>Frequently</i>	<i>Daily</i>

54. 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

55. 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): _____

56. 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): _____

57. Please select any of the following populations you currently work with in a professional capacity (**Mark all that apply.**)

- | | |
|--|--|
| <input type="checkbox"/> Human trafficking <ul style="list-style-type: none"> <input type="checkbox"/> Commercial sexual exploitation of children <input type="checkbox"/> Sex trafficking <ul style="list-style-type: none"> <input type="checkbox"/> Adults <input type="checkbox"/> Minors <input type="checkbox"/> Labor trafficking <ul style="list-style-type: none"> <input type="checkbox"/> Adults <input type="checkbox"/> Minors <input type="checkbox"/> Children/youth <ul style="list-style-type: none"> <input type="checkbox"/> Out of home/Foster care/Kinship care <input type="checkbox"/> Juvenile justice <input type="checkbox"/> Runaway/Homeless youth <input type="checkbox"/> People with disabilities <input type="checkbox"/> Deaf/Hearing impaired <input type="checkbox"/> Elderly <input type="checkbox"/> Lesbian, gay, bisexual, transgender, and questioning | <input type="checkbox"/> Foreign nationals (migrant workers, undocumented immigrants, refugees) <input type="checkbox"/> People with low incomes <input type="checkbox"/> Racial and ethnic minorities <ul style="list-style-type: none"> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaii or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino ethnicity <input type="checkbox"/> History of substance use <input type="checkbox"/> Intimate partner violence (e.g., dating, domestic violence) <input type="checkbox"/> Gang-related crime <input type="checkbox"/> Sexual abuse/Violence <input type="checkbox"/> Other (please specify): _____ |
|--|--|

58. 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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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
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

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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>

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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

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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

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- 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
- 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

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- Union/worker advocacy organization
- Victim service provider
- Other (please specify): _____

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.**)

- 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): _____

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
- Management
- Other (please specify): _____
- Consultant/trainer
- Volunteer
- Administration
- Peer educator

48. Which of the following **best** describes your geographic population? (**Mark all that apply.**)

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

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49. Please select any of the following populations you currently work with in a professional capacity. **(Mark all that apply.)**

- | | |
|---|---|
| <input type="checkbox"/> Human trafficking | <input type="checkbox"/> Foreign nationals (migrant workers, undocumented immigrants, refugees) |
| <input type="checkbox"/> Commercial sexual exploitation of children | <input type="checkbox"/> People with low incomes |
| <input type="checkbox"/> Sex trafficking | <input type="checkbox"/> Racial and ethnic minorities |
| <input type="checkbox"/> Adults | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Minors | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Labor trafficking | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Native Hawaii or other Pacific Islander |
| <input type="checkbox"/> Minors | <input type="checkbox"/> White |
| <input type="checkbox"/> Children/youth | <input type="checkbox"/> Hispanic or Latino ethnicity |
| <input type="checkbox"/> Out of home/Foster care/Kinship care | <input type="checkbox"/> History of substance use |
| <input type="checkbox"/> Juvenile justice | <input type="checkbox"/> Intimate partner violence (e.g., dating, domestic violence) |
| <input type="checkbox"/> Runaway/Homeless youth | <input type="checkbox"/> Gang-related crime |
| <input type="checkbox"/> People with disabilities | <input type="checkbox"/> Sexual abuse/Violence |
| <input type="checkbox"/> Deaf/Hearing impaired | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Elderly | |
| <input type="checkbox"/> Lesbian, gay, bisexual, transgender, and questioning | |

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.

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DATE(S): _____
CONSULTANT(S)/FACILITATOR(S): _____

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 date of birth: 08 for August)	(example: S for Sara)	(example: M for Maria)

Please rate the extent to which you agree or disagree that the SOAR for Communities training will help your community achieve the following objectives:

LEARNING OBJECTIVES	Strongly Disagree	Disagree	Agree	Strongly Agree
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

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

OVERALL TRAINING	Strongly Disagree	Disagree	Agree	Strongly Agree
5. The training reflected a public health approach to addressing human trafficking.	1	2	3	4
6. The training helped me identify potential language and cultural barriers my community might face in responding to human trafficking.	1	2	3	4
7. The training was trauma informed.	1	2	3	4
8. The training was survivor informed.	1	2	3	4
9. The training was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4
10. The training included evidence-based research or promising practices.	1	2	3	4
11. The training will positively impact my community's response to human trafficking.	1	2	3	4

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12. The training met my educational needs.	1	2	3	4
13. The training met my professional needs.	1	2	3	4

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

SESSION 1: WHAT IS A PUBLIC HEALTH APPROACH?	Strongly Disagree	Disagree	Agree	Strongly Agree
14. This session helped me understand a public health approach to human trafficking.	1	2	3	4
15. I feel confident in my ability to apply what I learned about a public health approach to trafficking in my daily work.	1	2	3	4
16. Learning about a public health approach to trafficking will positively impact my community's ability to serve people who are currently being trafficked, at risk of trafficking, or have been trafficked.	1	2	3	4
17. This session was trauma informed.	1	2	3	4
18. This session was survivor informed.	1	2	3	4
19. This session helped me define a trauma-informed and survivor-informed response.	1	2	3	4
20. This session helped me define a cultural and linguistically appropriate response.	1	2	3	4
21. This session was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4
22. I learned practical ways to apply a trauma-informed framework in my daily work through this session.	1	2	3	4
23. This session improved my knowledge in responding to a person who is currently being trafficked, at risk of trafficking, or has been trafficked.	1	2	3	4
24. I will be able to apply what I learned about trauma in my daily work.	1	2	3	4
SESSION 2: STOP	Strongly Disagree	Disagree	Agree	Strongly Agree
25. This session helped expand my understanding of all types of human trafficking.	1	2	3	4
26. This session helped expand my ability to identify at-risk populations.	1	2	3	4
27. This session helped me identify populations in my community vulnerable to trafficking.	1	2	3	4
28. This session helped increase my awareness of instances of trafficking within my community.	1	2	3	4
29. I have identified the major challenges my community might face in understanding human trafficking.	1	2	3	4
30. I have drafted potential action items and solutions to help my community mitigate challenges in understanding human trafficking.	1	2	3	4
31. I will be able to apply what I learned about understanding human trafficking in my daily work.	1	2	3	4
SESSION 3: OBSERVE	Strongly Disagree	Disagree	Agree	Strongly Agree
32. This session helped me recognize warning signs of human trafficking.	1	2	3	4

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

33. This session increased my knowledge about the root causes of trafficking.	1	2	3	4
34. This session helped me discover what my community is doing to identify human trafficking.	1	2	3	4
35. This session helped me identify the major challenges my community might face in identifying human trafficking.	1	2	3	4
36. This session helped me identify potential solutions to help my community mitigate challenges in identifying human trafficking.	1	2	3	4
37. I will be able to apply what I learned about identifying human trafficking to my daily work.	1	2	3	4
SESSION 4: ASK	Strongly Disagree	Disagree	Agree	Strongly Agree
38. This session increased my knowledge about identifying all types of trafficking.	1	2	3	4
39. This session helped identify existing resources and tools used to screen for human trafficking.	1	2	3	4
40. This session helped me identify gaps in how my community identifies a person who is being trafficked.	1	2	3	4
41. This session helped me find assets in my community to improve how a person who is currently being trafficked, at risk of trafficking, or has been trafficked is identified.	1	2	3	4
42. I will be able to apply what I learned about screening for human trafficking to my daily work.	1	2	3	4
SESSION 5: RESPOND	Strongly Disagree	Disagree	Agree	Strongly Agree
43. This session will lead to my community to expand into more trauma-informed and survivor-led practices.	1	2	3	4
44. This session helped me identify areas to improve my community's response to the intermediate needs of a person who is currently being trafficked, at risk of trafficking, or has been trafficked.	1	2	3	4
45. This session helped me identify areas to improve my community's response to the long-term needs of a person who is currently being trafficked, at risk of trafficking, or has been trafficked.	1	2	3	4
46. This session helped me identify how my organization can help improve my community's response to human trafficking.	1	2	3	4
47. This session helped my community develop and/or strengthen a comprehensive response to human trafficking.	1	2	3	4
48. This session helped me identify necessary partners to implement an improved community response to human trafficking.	1	2	3	4
49. I will be able to apply what I learned about responding to human trafficking in my daily work.	1	2	3	4

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

FACILITATOR 1:	Strongly Disagree	Disagree	Agree	Strongly Agree
50. The facilitator's knowledge and expertise were appropriate for the training.	1	2	3	4
51. The facilitator moved through the strategic planning agenda effectively.	1	2	3	4
52. The facilitator responded positively to questions and comments.	1	2	3	4
53. The facilitator created a respectful environment for participants.	1	2	3	4
54. The facilitator encouraged and initiated helpful discussions.	1	2	3	4

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A Training for Health Care and Social Service Providers

FACILITATOR 2:	Strongly Disagree	Disagree	Agree	Strongly Agree
55. The facilitator’s knowledge and expertise were appropriate for the training.	1	2	3	4
56. The facilitator moved through the strategic planning agenda effectively.	1	2	3	4
57. The facilitator responded positively to questions and comments.	1	2	3	4
58. The facilitator created a respectful environment for participants.	1	2	3	4
59. The facilitator encouraged and initiated helpful discussions.	1	2	3	4
FACILITATOR 3:	Strongly Disagree	Disagree	Agree	Strongly Agree
60. The facilitator’s knowledge and expertise were appropriate for the training.	1	2	3	4
61. The facilitator moved through the strategic planning agenda effectively.	1	2	3	4
62. The facilitator responded positively to questions and comments.	1	2	3	4
63. The facilitator created a respectful environment for participants.	1	2	3	4
64. The facilitator encouraged and initiated helpful discussions.	1	2	3	4
LOGISTICS	Strongly Disagree	Disagree	Agree	Strongly Agree
65. Overall, this was an effective way to support the content and purpose of the strategic planning process.	1	2	3	4
66. The training was well organized.	1	2	3	4
67. The meeting space and use of technology provided a good learning environment.	1	2	3	4
68. NHTTAC was responsive to my questions and needs.	1	2	3	4

69. Following the training, what three steps will you take to enhance your community’s response to human trafficking?

- a. _____
- b. _____
- c. _____

70. How do you plan to engage survivors in implementing your strategic plan?

71. Following the training, how prepared do you feel to take steps toward addressing human trafficking in your community?

1	2	3	4
<i>Not At All Prepared</i>	<i>Somewhat Prepared</i>	<i>Mostly Prepared</i>	<i>Completely Prepared</i>

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

72. Please rate the overall quality of this training.

1	2	3	4
<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>

73. What could NHTTAC do in the future to enhance your level of preparedness during this type of SOAR T/TA?

74. What could NHTTAC do in the future to enhance your level of preparedness following this type of SOAR T/TA?

75. Would you recommend NHTTAC to others to receive T/TA? Yes No

76. Which of the following **best** describes the organization in which you work? (Mark all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Academic institution | <input type="checkbox"/> OTIP grantee |
| <input type="checkbox"/> Anti-trafficking organization | <input type="checkbox"/> Self-employed |
| <input type="checkbox"/> Business/For-profit organization | <input type="checkbox"/> Survivor-led organization |
| <input type="checkbox"/> Coalition/Multidisciplinary team/Task force | <input type="checkbox"/> Tribal government |
| <input type="checkbox"/> Federal government | <input type="checkbox"/> Union/Worker advocacy organization |
| <input type="checkbox"/> Faith-based organization | <input type="checkbox"/> Victim service provider |
| <input type="checkbox"/> State/Local government | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Nonprofit/Community-based organization | |

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

78. 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"/> Health care (e.g., physician, physician assistant, nurse practitioner, dentist, nurse, pharmacist) |
| <input type="checkbox"/> Child welfare (e.g., state agency staff, child welfare contractor, nonprofit personnel) | <input type="checkbox"/> Housing (e.g., case worker, shelter director, public housing authority agencies) |
| <input type="checkbox"/> Corrections-based services (e.g., parole, probation) | <input type="checkbox"/> Legal (e.g., immigration, civil and/or rights-based attorney and/or paralegal, clinic) |
| <input type="checkbox"/> Criminal justice (e.g., law enforcement, prosecutor, probation, court, forensic interviewer) | <input type="checkbox"/> Public health (e.g., licensure board, health department staff, health care executive, community health workers) |
| <input type="checkbox"/> Educator (e.g., teacher, professor, school administrator) | <input type="checkbox"/> Social worker (e.g., case manager, school counselor, supervisor, administrator) |

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- 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): _____

79. 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>

80. 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

81. Which of the following **best** describes your primary role in your current position?

- Direct delivery/frontline staff
- Management
- Other (please specify): _____
- Consultant/trainer
- Volunteer
- Administration
- Peer educator

82. Which of the following **best** describes your geographic population? (**Mark all that apply.**)

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

83. 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): _____

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**SPECIALIZED T/TA
FEEDBACK
Protocol**



NATIONAL HUMAN TRAFFICKING TRAINING AND TECHNICAL ASSISTANCE CENTER OMB Control Number: 0970-XXXX
Expiration Date: XX/XX/XXXX

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.

Please provide the information below to create an anonymous ID:

Birth Month (insert just the month for your *date of birth*, example: 08 for August) First letter of first name (example: S for Sara) First letter of your middle name (example: M for Maria)

T/TA: _____ DATE(S): _____
CONSULTANT FACILITATOR(S): _____
NHTTAC COORDINATOR: _____

Please indicate how well the training met each stated objective.

OVERALL OBJECTIVES	Poor	Fair	Good	Excellent
1. [Insert objective 1].	1	2	3	4
2. [Insert objective 2].	1	2	3	4
3. [Insert objective 3].	1	2	3	4
4. [Insert objective 4].	1	2	3	4
5. [Insert objective 5].	1	2	3	4

6. Please list any other professional goals you have achieved through this T/TA.

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

FACILITATOR 1: _____	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
7. The facilitator demonstrated a comprehensive knowledge of the subject.	1	2	3	4	NA
8. The facilitator clearly and logically presented the content.	1	2	3	4	NA
9. The facilitator responded well to questions and comments.	1	2	3	4	NA
10. The facilitator created a respectful environment for participants.	1	2	3	4	NA
11. The facilitator encouraged and initiated helpful discussions.	1	2	3	4	NA
FACILITATOR 2: _____	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
12. The facilitator demonstrated a comprehensive knowledge of the subject.	1	2	3	4	NA
13. The facilitator clearly and logically presented the content.	1	2	3	4	NA
14. The facilitator responded well to questions and comments.	1	2	3	4	NA
15. The facilitator created a respectful environment for participants.	1	2	3	4	NA
16. The facilitator encouraged and initiated helpful discussions.	1	2	3	4	NA
OVERALL FEEDBACK	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
17. The T/TA reflected a public health approach to addressing human trafficking.	1	2	3	4	NA
18. The T/TA helped me identify potential language and cultural barriers my organization might face in responding to human trafficking.	1	2	3	4	NA
19. The T/TA was trauma informed.	1	2	3	4	NA
20. The T/TA was survivor informed.	1	2	3	4	NA
21. The T/TA was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA
22. The T/TA included evidence-based research or promising practices.	1	2	3	4	NA
23. The T/TA will positively impact my organization's response to human trafficking.	1	2	3	4	NA
24. This T/TA met my educational needs.	1	2	3	4	NA
25. This T/TA met my professional needs.	1	2	3	4	NA
26. This T/TA changed [my/my organization's] attitudes on trauma-informed approaches to addressing trafficking	1	2	3	4	NA
27. This T/TA increased my professional networking or peer support	1	2	3	4	NA
28. This T/TA increased knowledge to inform a human trafficking public health response.	1	2	3	4	NA

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T/TA ACTIVITY: _____	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
29. [insert T/TA activity objective].	1	2	3	4	NA
30. [insert T/TA activity objective].	1	2	3	4	NA
31. [insert T/TA activity objective].	1	2	3	4	NA
32. [insert T/TA activity objective].	1	2	3	4	NA
33. [insert T/TA activity objective].	1	2	3	4	NA
34. [insert T/TA activity objective].	1	2	3	4	NA
35. [insert T/TA activity objective].	1	2	3	4	NA
36. [insert T/TA activity objective].	1	2	3	4	NA
37. [insert T/TA activity objective]	1	2	3	4	NA
38. [insert T/TA activity objective].	1	2	3	4	NA
PLANNING	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
39. NHTTAC was responsive to my questions and needs.	1	2	3	4	NA
40. NHTTAC was effective in identifying an appropriate grantee to help with our request.	1	2	3	4	NA
41. NHTTAC staff was detail-oriented and thorough in the planning of this T/TA.	1	2	3	4	NA
42. NHTTAC was timely throughout the planning process.	1	2	3	4	NA
43. The planning for this T/TA was well coordinated.	1	2	3	4	NA

44. Please rate the overall quality of this T/TA.

1	2	3	4
<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>

45. How satisfied were you with your overall NHTTAC experience?

1	2	3	4
<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>Satisfied</i>	<i>Very Satisfied</i>

46. How well did this assistance meet your expectations?

1	2	3	4
<i>Far Below My Expectations</i>	<i>Did Not Meet My Expectations</i>	<i>Met My Expectations</i>	<i>Exceeded My Expectations</i>

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47. How responsive was NHTTAC to your needs following the T/TA?

1	2	3	4
<i>Completely Unresponsive</i>	<i>Unresponsive</i>	<i>Responsive</i>	<i>Very Responsive</i>

48. Would you recommend NHTTAC to others to receive T/TA? Yes No

49. What are three things you plan to do as a result of this T/TA?

50. Following this T/TA, how prepared do you feel to take steps toward addressing human trafficking in your organization?

1	2	3	4
<i>Not At All Prepared</i>	<i>Somewhat Prepared</i>	<i>Mostly Prepared</i>	<i>Completely Prepared</i>

51. What could NHTTAC do in the future to enhance your level of preparedness during this type of T/TA?

52. What could NHTTAC do in the future to enhance your level of preparedness following this type of T/TA?

53. What aspects of the T/TA were most helpful and why?

54. What could NHTTAC do differently to improve similar T/TA requests in the future?

55. Do you have any other comments or suggestions?

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56. 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 and 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: _____

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

- Yes No

58. 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): _____

59. Which of the following **best** describes the number of years of experience you have in your current field of work? (**Mark one.**)

- Less than 3 years 3 to 5 years 6 to 10 years More than 10 years

60. Which of the following **best** describes your primary role in your current position?

- Direct delivery/frontline staff
- Management
- Other (please specify): _____
- Consultant/Trainer
- Volunteer
- Peer Educator
- Administration

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61. 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>

62. Which of the following **best** describes your geographic population? (Mark all that apply.)

- National
- State (please specify): _____
- Tribal
- International (please specify country):

- Local
- Urban
- Rural
- Suburban

63. 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
- Domestic and dating violence
- Gang-related crime
- Sexual abuse/Violence
- Other (Please specify): _____

64. 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): _____

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**SPECIALIZED T/TA
FEEDBACK
Protocol**



**NATIONAL HUMAN TRAFFICKING
TRAINING AND TECHNICAL
ASSISTANCE CENTER**

OMB Control Number: 0970-XXXX

Expiration Date: XX/XX/XXXX

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

- Hispanic or Latino
- Middle Eastern or North African
- Other (please specify): _____

66. 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 NHTTAC activities.

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Please provide the information below to create an anonymous ID:

<p>_____</p> <p>Birth Month (insert just the month for your <i>date of birth</i>, example: 08 for August)</p>	<p>_____</p> <p>First letter of first name (example: S for Sara)</p>	<p>_____</p> <p>First letter of your middle name (example: M for Maria)</p>
---	--	---

Please rate the extent to which to you agree or disagree that the fellowship has helped your organization achieve the following objectives.

FELLOWSHIP OBJECTIVES	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
1. The fellowship increased my leadership skills.	1	2	3	4	NA
2. The fellowship increased my skills and knowledge about survivor-informed practices.	1	2	3	4	NA
3. The fellowship increased my skills and knowledge about current evidence-based research and promising practices.	1	2	3	4	NA
4. The fellowship increased my skills and knowledge about a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA
5. The fellowship increased my skills and knowledge on a public health response to human trafficking.	1	2	3	4	NA
6. The fellowship met my professional needs.	1	2	3	4	NA
7. The fellowship met my educational needs.	1	2	3	4	NA
8. I remained engaged with my partner organization in the fellowship throughout its entirety.	1	2	3	4	NA
9. [insert objective here].	1	2	3	4	NA
10. [insert objective here].	1	2	3	4	NA

11. Please list any other personal goals you have achieved through this fellowship program:

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12. How were you invited to participate in this fellowship?

13. Do you think NHTTAC should do anything differently when selecting people to participate in this fellowship?

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

ORGANIZATIONAL AUDIT	Strongly Disagree	Disagree	Agree	Strongly Agree
14. The organization was cooperative during the organizational audit.	1	2	3	4
15. I had the appropriate tools and resources to conduct the organizational audit.	1	2	3	4
16. I had adequate time to collaborate with the organization I was partnered with in this fellowship on the organizational audit.	1	2	3	4
17. The organizational audit helped identify gaps in the organization's service provision to people who are currently being trafficked, at risk of trafficking, or have been trafficked	1	2	3	4
18. [insert objective].	1	2	3	4
19. [insert objective].	1	2	3	4
20. I would recommend keeping the organizational audit as part of future survivor fellowships organized by NHTTAC.	1	2	3	4
ACTION PLAN	Strongly Disagree	Disagree	Agree	Strongly Agree
21. The action plan was developed collaboratively between me and the partner organization.	1	2	3	4
22. My partner organization and I had the appropriate tools and resources to develop the action plan.	1	2	3	4
23. The action plan we developed defined clear roles and responsibilities.	1	2	3	4
24. The action plan we developed accounted for the partner organization's culture and structure.	1	2	3	4
25. The action steps we created were grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4

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26. The action steps we created were grounded in a public health approach to addressing human trafficking.	1	2	3	4
27. The action plan accounts for complex and multiple traumas.	1	2	3	4
28. The action plan we created accounts for all types of trafficking.	1	2	3	4
29. The action plan we created includes action steps to address language and cultural barriers to serving at-risk populations or potential victims of human trafficking.	1	2	3	4
30. I recommend keeping the action plan development as part of future survivor fellowships.	1	2	3	4
CUSTOMIZED T/TA	Strongly Disagree	Disagree	Agree	Strongly Agree
31. NHTTAC supported me with necessary information to enhance the T/TA I provided to the organization.	1	2	3	4
32. The organization was receptive to the recommendations and changes provided through the action plan.	1	2	3	4
33. I had the appropriate tools and resources to provide the organization with customized T/TA.	1	2	3	4
34. I had adequate time to plan for the customized T/TA.	1	2	3	4
35. I had adequate time to provide the customized T/TA.	1	2	3	4
36. The structure of the fellowship was an appropriate way to incorporate and engage survivors.	1	2	3	4

Please indicate the extent to which you agree or disagree with the following statements about your collaboration with the fellow:

ORGANIZATION: _____	Strongly Disagree	Disagree	Agree	Strongly Agree
37. The organization was easy to communicate with throughout fellowship activities.	1	2	3	4
38. The organization responded to me in a timely manner.	1	2	3	4
39. The organization was respectful.	1	2	3	4
40. The organization allotted an appropriate amount of time for me to help make an actionable change at the organization.	1	2	3	4
41. The organization responded in a helpful manner to my questions.	1	2	3	4

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

NHTTAC STAFF: _____	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
42. NHTTAC staff clearly articulated my responsibilities in this fellowship.	1	2	3	4	NA
43. NHTTAC set clear expectations for this fellowship.	1	2	3	4	NA
44. NHTTAC provided me with necessary resources and materials for this fellowship program.	1	2	3	4	NA
45. NHTTAC staff were detail-oriented and thorough in the planning of this fellowship.	1	2	3	4	NA
46. NHTTAC was responsive to my questions and needs.	1	2	3	4	NA
47. NHTTAC provided me with additional information on a public health approach to human trafficking upon request.	1	2	3	4	NA
48. I am satisfied with the overall support provided by NHTTAC staff throughout the fellowship program.	1	2	3	4	NA

49. Is there anything additional NHTTAC could have done to support you during this fellowship?

50. Please rate the overall quality of this fellowship program.

1	2	3	4
<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>

51. Overall, how well did this fellowship meet your expectations?

1	2	3	4
<i>Far Below My Expectations</i>	<i>Did Not Meet My Expectations</i>	<i>Met My Expectations</i>	<i>Exceeded My Expectations</i>

52. How satisfied were you with the overall quality of the support you received from NHTTAC staff to help complete this fellowship?

1	2	3	4
<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>Satisfied</i>	<i>Very Satisfied</i>

53. Would you recommend NHTTAC to others to receive T/TA? Yes No

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54. What are three things you plan to do as a result of this fellowship?

55. Was the format of this fellowship conducive to improving best practices at the organization you partnered with during this fellowship? Why or why not?

56. What aspects of the fellowship were most helpful and why?

57. What could NHTTAC do differently to improve similar fellowships in the future?

58. Do you have any other comments or suggestions?

59. As a result of participating in this fellowship program, do you plan to do any of the following? (**Mark all that apply.**)

- | | |
|--|--|
| <input type="checkbox"/> Change my management/leadership or interpersonal communication style | <input type="checkbox"/> Develop/strengthen collaborative or strategic relationships |
| <input type="checkbox"/> Further develop skills and knowledge about serving people who are currently being trafficked, at risk of trafficking, or have been trafficked | <input type="checkbox"/> Network with other participants |
| <input type="checkbox"/> Write grants/fundraise/identify new funding resources | <input type="checkbox"/> Share materials with colleagues |
| <input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enhance vision, mission, or strategic plan | <input type="checkbox"/> Provide information to clients/families/youth |
| <input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enact policy changes at my organization | <input type="checkbox"/> Train/educate others in content/skills learned |
| <input type="checkbox"/> Improve programs/practices | <input type="checkbox"/> Raise public awareness/advocacy/outreach activities offered to people who are currently being trafficked, at risk of trafficking, or have been trafficked |
| <input type="checkbox"/> Improve technology/websites/infrastructure | <input type="checkbox"/> Refer colleagues to NHTTAC events/resources |
| <input type="checkbox"/> Integrate victim-centered, survivor-informed strategies | <input type="checkbox"/> Conduct research |
| <input type="checkbox"/> Expand services or types of services | <input type="checkbox"/> Strengthen evaluation or needs assessment activities |
| <input type="checkbox"/> Begin a new project or initiative | <input type="checkbox"/> Improve identification and reporting methods for trafficking |
| | <input type="checkbox"/> Take additional training on human trafficking |
| | <input type="checkbox"/> Other (please specify): _____ |

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60. 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.)**

- | | |
|--|--|
| <input type="checkbox"/> Lack of senior leadership support | <input type="checkbox"/> Need for partnership building with other organizations |
| <input type="checkbox"/> Lack of frontline support and accountability | <input type="checkbox"/> Variation in mission and regulatory frameworks when partnering with other organizations |
| <input type="checkbox"/> Continuous turnover | <input type="checkbox"/> Lack of information and/or data sharing among organizations |
| <input type="checkbox"/> Shortages of key personnel | <input type="checkbox"/> Lack of time to implement changes |
| <input type="checkbox"/> Competing priorities | <input type="checkbox"/> Lack of training for staff in how to implement change |
| <input type="checkbox"/> Inaccessible research and/or information | <input type="checkbox"/> Other (please explain): _____ |
| <input type="checkbox"/> Lack of urgency | |
| <input type="checkbox"/> Lack of shared responsibility across organizational collaboration | |
| <input type="checkbox"/> Difficulty in establishing and/or maintaining a multi-disciplinary team | |

61. Which of the following **best** describes your organization? **(Mark all that apply.)**

- | | |
|--|---|
| <input type="checkbox"/> I do not represent an organization | <input type="checkbox"/> Nonprofit/Community-based organization |
| <input type="checkbox"/> Academic institution | <input type="checkbox"/> OTIP grantee |
| <input type="checkbox"/> Anti-trafficking organization | <input type="checkbox"/> Self-employed |
| <input type="checkbox"/> Business/For-profit organization | <input type="checkbox"/> Survivor-led organization |
| <input type="checkbox"/> Coalition/Multidisciplinary team/Task force | <input type="checkbox"/> Tribal government |
| <input type="checkbox"/> Federal government | <input type="checkbox"/> Union/Worker advocacy organization |
| <input type="checkbox"/> Faith-based organization | <input type="checkbox"/> Victim service provider |
| <input type="checkbox"/> State and local government | <input type="checkbox"/> Other, please specify: _____ |

62. Which of the following **best** describes the types of services your organization provides? **(Mark all that apply.)**

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

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

- Yes No

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**SURVIVOR FELLOWSHIP
FEEDBACK
Fellow Protocol**



**NATIONAL HUMAN TRAFFICKING
TRAINING AND TECHNICAL
ASSISTANCE CENTER**

OMB Control Number: 0970-XXXX

Expiration Date: XX/XX/XXXX

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

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> National | <input type="checkbox"/> Local |
| <input type="checkbox"/> State (please specify): _____ | <input type="checkbox"/> Urban |
| <input type="checkbox"/> Tribal | <input type="checkbox"/> Rural |
| <input type="checkbox"/> International (please specify country):
_____ | <input type="checkbox"/> Suburban |

65. Please select any of the following populations does your organization currently work with in a professional capacity **(Mark all that apply.)**

- | | |
|---|---|
| <input type="checkbox"/> Human trafficking | <input type="checkbox"/> Foreign nationals (migrant workers, undocumented immigrants, refugees) |
| <input type="checkbox"/> Commercial sexual exploitation of children | <input type="checkbox"/> People with low incomes |
| <input type="checkbox"/> Sex trafficking | <input type="checkbox"/> Racial and ethnic minorities |
| <input type="checkbox"/> Adults | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Minors | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Labor trafficking | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Native Hawaii or other Pacific Islander |
| <input type="checkbox"/> Minors | <input type="checkbox"/> White |
| <input type="checkbox"/> Children/youth | <input type="checkbox"/> Hispanic or Latino ethnicity |
| <input type="checkbox"/> Out of home/Foster care/Kinship care | <input type="checkbox"/> History of substance use |
| <input type="checkbox"/> Juvenile justice | <input type="checkbox"/> Domestic and dating violence |
| <input type="checkbox"/> Runaway/Homeless youth | <input type="checkbox"/> Gang-related crime |
| <input type="checkbox"/> People with disabilities | <input type="checkbox"/> Sexual abuse/Violence |
| <input type="checkbox"/> Deaf/Hearing impaired | <input type="checkbox"/> Other (Please specify): _____ |
| <input type="checkbox"/> Elderly | |
| <input type="checkbox"/> Lesbian, gay, bisexual, transgender, and questioning | |

66. In your professional capacity, 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>

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

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WEBINAR: _____
DATE(S): _____
PRESENTER(S): _____

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

OVERALL WEBINAR	Strongly Disagree	Disagree	Agree	Strongly Agree
1. As a result of this webinar, I <insert learning objective>	1	2	3	4
2. As a result of this webinar, I <insert learning objective>	1	2	3	4
3. As a result of this webinar, I <insert learning objective>	1	2	3	4
4. As a result of this webinar, I <insert learning objective>	1	2	3	4
5. As a result of this webinar, I <insert learning objective>	1	2	3	4
6. The webinar addressed the critical issues related to the topic(s).	1	2	3	4
7. The time allotted was adequate for the scope of material covered.	1	2	3	4
8. The webinar was organized and clear.	1	2	3	4
9. The webinar included information on current evidence-based research or promising practices.	1	2	3	4
10. The webinar content was survivor informed.	1	2	3	4
11. The webinar content was trauma informed.	1	2	3	4
12. The webinar content reflected a public health approach to addressing human trafficking.	1	2	3	4
PRESENTER 1: _____	Strongly Disagree	Disagree	Agree	Strongly Agree
13. The presenter’s knowledge and expertise were appropriate for this webinar.	1	2	3	4
14. The presenter engaged and interacted with the audience.	1	2	3	4
15. The presenter created a respectful environment for participants.	1	2	3	4
PRESENTER 2: _____	Strongly Disagree	Disagree	Agree	Strongly Agree
16. The presenter’s knowledge and expertise were appropriate for this webinar.	1	2	3	4
17. The presenter engaged and interacted with the audience.	1	2	3	4
18. The presenter created a respectful environment for participants.	1	2	3	4

19. Please rate the overall quality of this webinar.

1	2	3	4
Poor	Fair	Good	Excellent

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20. How useful was the webinar information to your work?

1	2	3	4
<i>Not Useful</i>	<i>Somewhat Useful</i>	<i>Useful</i>	<i>Very Useful</i>

21. What additional topics related to human trafficking would you like included in future webinars?

[Note: Questions 22–24 are only asked for evaluations of the Emerging Issues webinar series.]

22. There are a total of <insert number> webinars in the Emerging Issues series. Please check the webinars you attended from the following list:

- | | |
|---|--|
| <input type="checkbox"/> <Insert webinar 1 title> | <input type="checkbox"/> <Insert webinar 6 title> |
| <input type="checkbox"/> <Insert webinar 2 title> | <input type="checkbox"/> <Insert webinar 7 title> |
| <input type="checkbox"/> <Insert webinar 3 title> | <input type="checkbox"/> <Insert webinar 8 title> |
| <input type="checkbox"/> <Insert webinar 4 title> | <input type="checkbox"/> <Insert webinar 9 title> |
| <input type="checkbox"/> <Insert webinar 5 title> | <input type="checkbox"/> <Insert webinar 10 title> |

23. Please rate the overall quality of the webinars you selected in the previous question.

1	2	3	4
<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Very Good</i>

24. How well did the content in each webinar you selected complement each other?

1	2	3	4
<i>Not At All</i>	<i>Not Well</i>	<i>Well</i>	<i>Very Well</i>

25. Would you recommend NHTTAC to others who need training or technical assistance? Yes No

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

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27. Which of the following **best** describes your geographic population? (**Mark all that apply**).

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

28. 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>

29. 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): _____

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Paperwork Reduction Act Notice

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Thank you for visiting the National Human Trafficking Training and Technical Assistance Center (NHTTAC) website: <https://www.acf.hhs.gov/otip/training/nhttac>. In order to help 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.

Please provide the information below to create an anonymous ID:

Birth Month
(insert just the month
for your *date of birth*,
example: 08 for August)

First letter of first name
(example: S for Sara)

First letter of your middle name
(example: M for Maria)

1. How did you find out about the NHTTAC website? **(Mark all that apply.)**

- | | |
|---|--|
| <input type="checkbox"/> An exhibit or presentation at a conference | <input type="checkbox"/> The NHTTAC Call Center |
| <input type="checkbox"/> A link from another website/Searching the Internet | <input type="checkbox"/> A colleague or friend |
| <input type="checkbox"/> A professor | <input type="checkbox"/> A publication or newsletter |
| <input type="checkbox"/> My OTIP Program Monitor or other OTIP staff person | <input type="checkbox"/> Other (please specify): _____ |

2. What was the goal of your visit today? **(Mark all that apply.)**

- | | |
|---|---|
| <input type="checkbox"/> Learn about training or technical assistance opportunities | <input type="checkbox"/> Learn more about survivor fellowship programs |
| <input type="checkbox"/> Request/apply for training or technical assistance | <input type="checkbox"/> Participate in one of the learning communities |
| <input type="checkbox"/> Learn about SOAR trainings | <input type="checkbox"/> Learn about NHTTAC |
| <input type="checkbox"/> Request/apply for SOAR trainings | <input type="checkbox"/> Learn more about OTIP grantees |
| <input type="checkbox"/> Learn/apply for Professional Development Scholarship | <input type="checkbox"/> Request downloadable resources |
| <input type="checkbox"/> Learn about/apply for Organization Scholarship | <input type="checkbox"/> Obtain contact information |
| <input type="checkbox"/> Learn about the National Advisory Committee | <input type="checkbox"/> Sign up for the listserv |
| | <input type="checkbox"/> Other (please specify): _____ |

3. Approximately how many times have you used/visited this site in the past year? **(Mark one.)**

- | | | |
|--|----------------------------------|---|
| <input type="checkbox"/> This is my first time | <input type="checkbox"/> Weekly | <input type="checkbox"/> A few times per year |
| <input type="checkbox"/> Daily | <input type="checkbox"/> Monthly | |

4. Were you familiar with NHTTAC before today's visit?

- Yes
 No

5. Please rate the overall quality of the NHTTAC website.

1	2	3	4
<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>

6. Would you recommend NHTTAC to others for T/TA? Yes No

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

OVERALL ASSISTANCE	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
7. It is easy to find the information I need on this site.	1	2	3	4	NA
8. The website is user-friendly and I am able to navigate through it with ease.	1	2	3	4	NA
9. The information on this site met my goals/needs.	1	2	3	4	NA
10. I am satisfied with the content of the site.	1	2	3	4	NA
11. The information on the site is trauma-informed.	1	2	3	4	NA
12. The information on the site is survivor-informed.	1	2	3	4	NA
13. The information on the site is grounded in current evidence-based research or promising practices.	1	2	3	4	NA
14. The information on the site is grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA
15. The information on the site reflects a public health approach to addressing human trafficking.	1	2	3	4	NA
16. I am satisfied with the appearance of the site.	1	2	3	4	NA
17. I will return to this site for my training and technical assistance needs.	1	2	3	4	NA
18. I will recommend this site to others.	1	2	3	4	NA

19. What aspects of the website were most helpful, and why?

20. What could be done differently to improve the website?

21. 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>All the Time</i>

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

Yes No

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23. 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 and 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: _____

24. 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): _____

25. Which of the following **best** describes the number of years of experience you have in your current field of work? (**Mark one.**)

- Less than 3 years
- 3 to 5 years
- 6 to 10 years
- More than 10 years

26. Which of the following **best** describes your primary role in your current position?

- Direct delivery/frontline staff
- Management
- Other (please specify): _____
- Consultant/Trainer
- Volunteer
- Administration
- Peer Educator

27. Which of the following **best** describes your geographic population? (**Mark all that apply.**)

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

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28. 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
- Domestic and dating violence
- Gang-related crime
- Sexual abuse/Violence
- Other (Please specify): _____

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

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