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 *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. 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
Poor	*Fair*	*Good*	*Excellent*

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

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

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
Strongly Disagree	*Disagree*	*Agree*	*Strongly Agree*

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

1	2	3	4
Very weak	*Weak*	*Strong*	*Very strong*

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

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
Never	*Occasionally*	*Frequently*	*All the Time*

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

NATIONAL HUMAN TRAFFICKING TRAINING AND TECHNICAL ASSISTANCE CENTER

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)

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 <u>overall</u> quality of the assistance you received.

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

NATIONAL HUMAN TRAFFICKING TRAINING AND TECHNICAL ASSISTANCE CENTER

14. How did you first hear about NHTTAC?

☐ The NHTTAC Website
☐ An exhibit or presentation at a conference
☐ A link from another website/Searching the Internet
☐ A colleague or friend
☐ A publication or newsletter

☐ My OTIP program monitor or other OTIP staff person
☐ Other (please specify):
_____

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

☐ 1 – 3 times
☐ 4 – 6 times

☐ 7 – 9 times
☐ 10+ times

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

☐ NHTTAC Website
☐ Toll-free number for Call Center
☐ OTIP program monitor or other OTIP staff person
_____

☐ Email
☐ TTY
☐ 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?

☐ Within 24 hours
☐ Between 24-48 hours

☐ Between 3-5 days
☐ Between 6-7 days

☐ More than a week
☐ 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.)**

☐ Academic institution
☐ Anti-trafficking organization

☐ Business/For-profit organization
☐ Coalition/Multidisciplinary team/Task force

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- ☐ 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
- ☐ Management
- ☐ Other (please specify): _____

- ☐ Consultant/Trainer
- ☐ Volunteer

- ☐ Administration
- ☐ Peer Educator

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*

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. 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): _____

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): _____

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

NATIONAL HUMAN TRAFFICKING TRAINING AND TECHNICAL ASSISTANCE CENTER

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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 NHTTAC@icf.com.

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

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

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

33. Please rate the <u>overall</u> quality of this session.

1	2	3	4
Poor	Fair	Good	Excellent

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

1	2	3	4
Not Useful	Somewhat Useful	Useful	Very Useful

35. As a result of participating in this session, 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): _____

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.**)

- ☐ 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): _____

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.**)

☐ 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: _____

42. 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)
☐ Professional capacity/types of services, continued
☐ 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): _____

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

☐ Yes   ☐ No

CONFERENCE SESSION
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NATIONAL HUMAN TRAFFICKING
TRAINING AND TECHNICAL
ASSISTANCE CENTER

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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
Never	*Occasionally*	*Frequently*	*All the Time*

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.

NATIONAL HUMAN TRAFFICKING TRAINING AND TECHNICAL ASSISTANCE CENTER

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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 <u>quality</u> 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 <u>overall</u> 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

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**
Not At All Prepared	*Somewhat Prepared*	*Mostly Prepared*	*Very Prepared*

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??

_____

_____

_____

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.)**

   ☐ 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
   ☐ Academic institution
   ☐ Other (please specify):
   _____

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.)**

   ☐ 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):
   _____

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
Never	*Occasionally*	*Frequently*	*Daily*

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?

   □ Direct delivery/Frontline staff   □ Consultant/Trainer   □ Administration
   □ Management   □ Volunteer   □ Peer educator
   □ Other (please specify): _____

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.

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.

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.**)

   - ☐ 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):
     _____

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.**)

   - ☐ 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):
     _____

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
Never	*Occasionally*	*Frequently*	*Daily*

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): ☐ Suburban

_____

8. 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): _____

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.

[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*]?

    o 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?

    o 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:

- o Trauma-informed approaches

- o Survivor-informed practices

- o Multi-disciplinary approach

- o Prevention efforts

- o Identification of (or response to) people at risk of or currently being trafficked

- o 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.*]?

    - o What do you like about it?

    - o 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?

    - o How did you, or how would you, use the information/tool?

    - o 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?

- o   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:

- o   What were some of the successes?

- o 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?

  - o What about working with NHTTAC do you see as beneficial?

  - o What are some of the challenges in working as a consultant with NHTTAC?

- What additional trainings are needed related to [*XX*]?

  - o What types of organizations/individuals/entities are best suited to receive this training?

  - o What would you identify as your top five training needs?

- What additional technical assistance needs are related to [*XX*]?

  - o 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?

  - o 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?

  - o 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*].

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 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   (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:

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.**)

☐ Changed my management/leadership or interpersonal communication style

☐ Further developed skills and knowledge about serving victims of trafficking

☐ Wrote grants/fundraised/identified new funding resources

☐ Advocated or met with leadership of my organization to develop/enhance vision, mission, or strategic plan

☐ Advocated or met with leadership of my organization to develop/enact policy changes at my organization

☐ Improved programs/practices

☐ Improved technology/websites/infrastructure

☐ Integrated victim-centered, survivor-informed strategies

☐ Expanded services or types of services

☐ Began a new project or initiative

☐ Developed/strengthened collaborative or strategic relationships

☐ Networked with other participants

☐ Shared materials with colleagues

☐ Provided information to clients/families/youth

☐ Trained/educated others in content/skills learned

☐ Raised public awareness/advocacy/outreach activities offered to victims

☐ Referred colleagues to NHTTAC events/resources

☐ Conducted research

☐ 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?

NATIONAL HUMAN TRAFFICKING TRAINING AND TECHNICAL ASSISTANCE CENTER

_____
_____

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
Never	*Occasionally*	*Frequently*	*Daily*

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

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.

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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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
Poor	*Fair*	*Very Good*	*Excellent*

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

1	2	3	4
Not Useful	*Somewhat Useful*	*Useful*	*Very Useful*

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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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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.**)

- ☐ 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: _____

37. 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): _____

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

40. 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): _____

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
Never	*Occasionally*	*Frequently*	*All the Time*

42. 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
_____

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.

GENERAL TRAINING
PARTICIPANT 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.

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

GENERAL TRAINING
PARTICIPANT FEEDBACK

NATIONAL HUMAN TRAFFICKING
TRAINING AND TECHNICAL
ASSISTANCE CENTER

OMB Control Number: 0970-XXXX

Expiration Date: XX/XX/XXXX

POSTTRAINING EVALUATION

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)

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
Far Below My Expectations	*Did Not Meet My Expectations*	*Met My Expectations*	*Exceeded My Expectations*

7.   How useful was the training to your work?

1	2	3	4
Not Useful	*Somewhat Useful*	*Useful*	*Very Useful*

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

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
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

36. Please rate the <u>overall</u> quality of this training.

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

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.**)

- ☐ Change my management/leadership or interpersonal communication style
- ☐ Further develop skills and knowledge about serving victims of trafficking
- ☐ 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 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): _____

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

☐ 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
Never	*Occasionally*	*Frequently*	*Daily*

54. 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

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

- ☐ 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.

HTLA POST-PROGRAM FELLOW
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 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

HTLA POST-PROGRAM FELLOW
Protocol

NATIONAL HUMAN TRAFFICKING
TRAINING AND TECHNICAL ASSISTANCE CENTER

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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

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 <u>overall</u> quality of the HTLA.

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

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?

_____

_____

_____

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.)**

☐ Increased the number of professionals working to address human trafficking

☐ Increased the number professionals with similar professional goals

☐ Met professionals who are in my geographical area

☐ Met professionals that I could collaborate with in future endeavors

☐ Met professionals that I could develop a meaningful working relationship with

☐ Met professionals that I could develop a close friendship with

☐ Met professionals who are acquaintances or knows some of my other colleagues

☐ Met professionals that have skill-sets that are complementary to mine

☐ Other (please specify): _____

52. Do you anticipate doing any of the following as a result of participating in this program? **(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): _____

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?

_____

_____

HTLA POST-PROGRAM FELLOW
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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.**)

☐ I am not associated with an organization
☐ 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: _____

60. 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): _____

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

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
Never	*Occasionally*	*Frequently*	*All the Time*

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): _____

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   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)

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

	1	2	3	4
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: _____

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

_____

_____

32. **FOR GRANTEES:** 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
Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied

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

1	2	3	4
Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied

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
Never	*Occasionally*	*Frequently*	*Daily*

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.

NATIONAL HUMAN TRAFFICKING TRAINING AND TECHNICAL ASSISTANCE CENTER

[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.

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

PILOT TRAINING
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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 <u>overall</u> quality of this training.

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

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

PILOT TRAINING
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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 <u>not</u> 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.**)

- ☐ 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): _____

PILOT TRAINING
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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.)**

☐ 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): _____

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
Never	*Occasionally*	*Frequently*	*Daily*

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?

☐ Direct delivery/Frontline staff   ☐ Consultant/Trainer   ☐ Administration
☐ Management   ☐ Volunteer   ☐ Peer educator
☐ Other (please specify): _____

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

PILOT TRAINING
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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.

PROFESSIONAL DEVELOPMENT
SCHOLARSHIP 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   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)

Part I. NHTTAC Scholarship Program

1. How did you hear about this Scholarship Program? **(Mark all that apply.)**

    ☐ NHTTAC Website   ☐ Another organization
    ☐ Exhibit or presentation at a conference   ☐ A colleague or friend
    ☐ NHTTAC Listserv   ☐ A publication or newsletter
    ☐ OTIP program monitor or other OTIP staff person ☐ Other (please specify): _____

2. What month and year did you apply? _____

3. 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

10. What could be done differently to improve the application process?

_____
_____
_____

PROFESSIONAL DEVELOPMENT
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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 <u>overall</u> 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.**)

- ☐ 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: _____

21. 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): _____

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   ☐ Consultant/Trainer   ☐ Administration
☐ Management   ☐ Volunteer   ☐ Peer Educator
☐ Other (please specify): _____

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
Never	*Rarely*	*Frequently*	*All the Time*

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): _____

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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
☐ State/regional conference
☐ Local 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.)**

☐ 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): _____

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

☐ 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

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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.

NATIONAL HUMAN TRAFFICKING TRAINING AND TECHNICAL ASSISTANCE CENTER

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.

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:

☐ Needs assessment
☐ Organization audit
☐ SOAR for communities
☐ In-person SOAR training
☐ In-person training
☐ Peer-to-peer collaboration
☐ Coaching
☐ Mentorship

☐ Review of materials (e.g., protocols, screening forms, etc.)
☐ Remote training
☐ Training of trainers
☐ SOAR training for HHS personnel
☐ Strategic partnerships for SOAR *Online*
☐ Other (please specify): _____

Please indicate the extent to which you were satisfied or not satisfied with your <u>overall</u> *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

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?

_____
_____
_____

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
Never	*Occasionally*	*Frequently*	*Daily*

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

- □ 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.

RESOURCE TOOL

NATIONAL HUMAN TRAFFICKING TRAINING AND TECHNICAL ASSISTANCE CENTER

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

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DATE DOWNLOADED/RECEIVED: _____

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

   ☐ SOAR e-guide
   ☐ State and territory profiles
   ☐ Screening toolkit
   ☐ Webinar recordings
   ☐ Organizational toolkit

   ☐ *<Insert resource>*
   ☐ *<Insert resource>*
   ☐ *<Insert resource>*
   ☐ *<Insert resource>*
   ☐ *<Insert resource>*

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

   ☐ Personal use/assist a family member/friend
   ☐ To better identify people who are at risk or have been trafficked
   ☐ To better provide services to a person who is currently being trafficked, at risk of trafficking, or has been trafficked

   ☐ For use in program development/operations
   ☐ For academic studies
   ☐ For education/community outreach
   ☐ To train colleagues
   ☐ Other (please specify): _____

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

   ☐ To train others
   ☐ In your work with patients/clients
   ☐ For protocol development
   ☐ For outreach efforts

   ☐ *<Insert reason>*
   ☐ *<Insert reason>*
   ☐ *<Insert reason>*
   ☐ *<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

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 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.*

NATIONAL HUMAN TRAFFICKING
TRAINING AND TECHNICAL
ASSISTANCE CENTER

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
(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: _____

DATES(S):_____

FACILITATOR(S): _____

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

SHORT TERM T/TA FEEDBACK
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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

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 <u>overall</u> NHTTAC experience?

1	2	3	4
Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied

32. Please rate the <u>overall</u> quality of this technical assistance.

1	2	3	4
Poor	Fair	Good	Excellent

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

1	2	3	4
Far Below My Expectations	Did Not Meet My Expectations	Met My Expectations	Exceeded My Expectations

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

1	2	3	4
Not Useful	Somewhat Useful	Useful	Very Useful

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

1	2	3	4
Not At All Prepared	Somewhat Unprepared	Somewhat Prepared	Very Prepared

36. As a result of participating in this technical assistance, 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): _____

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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?

_____
_____
_____

NATIONAL HUMAN TRAFFICKING TRAINING AND TECHNICAL ASSISTANCE CENTER

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   ☐ Consultant/Trainer   ☐ Administration
☐ Management   ☐ Volunteer   ☐ Peer Educator
☐ Other (please specify): _____

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
Never	*Occasionally*	*Frequently*	*Daily*

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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.

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

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

SOAR

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

WEEKLY EVALUATION 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)

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:

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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

Stop. Observe. Ask. Respond to Human Trafficking
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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

(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)

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

	1	2	3	4
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

(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)

For the next set of questions, please rate your responses based on the <u>overall</u> 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 <u>overall</u> quality of this training.

1	2	3	4
Poor	*Fair*	*Good*	*Very Good*

3. Please rate the <u>overall</u> quality of the <u>webinar portion</u> of this training.

1	2	3	4
Poor	*Fair*	*Good*	*Very Good*

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

1	2	3	4
Poor	*Fair*	*Good*	*Very Good*

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

1	2	3	4
Poor	*Fair*	*Good*	*Very Good*

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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.)**

☐ Change my management/leadership or interpersonal communication style

☐ Further develop skills and knowledge about serving victims of trafficking

☐ 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

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☐ 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): _____

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.**)

☐ 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): _____

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.**)

☐ 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): _____

29. 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)

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☐ 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):
_____

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
Never	*Occasionally*	*Frequently*	*Daily*

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.**)

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

   ☐ Local
   ☐ Urban
   ☐ Rural
   ☐ Suburban

35. 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

SOAR BLENDED LEARNING PARTICIPANT FEEDBACK

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A Training for Health Care and Social Service Providers

- ☐ 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.

SOAR

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

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

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
Never	*Occasionally*	*Frequently*	*Daily*

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**

SOAR CONFERENCE
TRAINING FEEDBACK

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Stop. Observe. Ask. Respond to Human Trafficking
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	Strongly Disagree	Disagree	Agree	Strongly Agree
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

SOAR CONFERENCE
TRAINING FEEDBACK

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	1	2	3	4
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 <u>overall</u> quality of this training.

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

47. As a result of participating in this 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
☐ 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 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): _____

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.**)

☐ 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

**SOAR CONFERENCE
TRAINING FEEDBACK**

**OMB Control Number: 0970-XXXX
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Stop. Observe. Ask. Respond to Human Trafficking
A Training for Health Care and Social Service Providers

- ☐ 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?

SOAR CONFERENCE
TRAINING FEEDBACK

SOAR

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

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Expiration Date: XX/XX/XXXX

1	2	3	4
Never	*Occasionally*	*Frequently*	*Daily*

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): ☐ Suburban

_____

57. 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): _____

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.

SOAR

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

In order to help the National Human Trafficking Training and Technical Assistance Center (NHTTAC) better serve the field, we are reaching out to obtain your feedback. We will protect the privacy of your information in accordance with the Federal Privacy Act, and we will protect the confidentiality of your responses using procedures we have in place, including reporting all information in aggregate to avoid identifying information. Only members of the NHTTAC Evaluation Team have access to information that could identify respondents. If you have any questions about this survey or the evaluation, please contact NHTTACEval@icf.com.

PRE-TRAINING EVALUATION QUESTIONS:

Please provide the information below to create an anonymous ID:

_____   _____   _____

Birth Month   First letter of first name   First letter of your middle name
(insert just the month   (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
Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. The estimated average time to complete this form is 1 minute. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at NHTTACEval@icf.com or 9300 Lee Highway, Fairfax, VA 22031.

	1	2	3	4
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
Never	*Occasionally*	*Frequently*	*Daily*

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

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 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

SOAR ONLINE PARTICIPANT FEEDBACK

OMB Compliance Number: 0970-XXXX
Expiration Date: XX/XX/XXXX

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

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

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

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

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

	Strongly Disagree	Disagree	Agree	Strongly Agree
25. I am confident that I will be able to use the knowledge and skills I learned during SOAR training when I return to my job.	1	2	3	4
26. The training met my educational needs.	1	2	3	4
27. The training met my professional needs.	1	2	3	4
28. The educational materials provided during this training were useful.	1	2	3	4
29. The use of technology provided a good learning environment.	1	2	3	4
30. The training included current evidence-based research or promising practices.	1	2	3	4
31. I learned a great deal as a result of this training.	1	2	3	4
32. The training was survivor informed.	1	2	3	4
33. The training was trauma informed.	1	2	3	4
34. The training was based on current evidence-based research or promising practices.	1	2	3	4
35. The training was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4
36. The training reflected a public health approach to addressing human trafficking.	1	2	3	4

37. Please rate the <u>overall</u> 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

☐ 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

☐ 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
Never	*Occasionally*	*Frequently*	*Daily*

46. Which of the following **best** describes the number of years of experience you have in your current field of work?

☐ Less than 3 years   ☐ 3–5 years   ☐ 6–10 years   ☐ More than 10 years

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

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

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

☐ National

☐ State (please specify): _____

☐ Tribal

☐ International (please specify country): _____

☐ Local

☐ Urban

☐ Rural

☐ Suburban

SOAR ONLINE
PARTICIPANT FEEDBACK

OMB Compliance Number: 0970-XXXX
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Stop. Observe. Ask. Respond to Human Trafficking
A Training for Health Care and Social Service Providers

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

- ☐ Human trafficking
  - ☐ Commercial sexual exploitation of children
  - ☐ Sex trafficking
    - ☐ Adults
    - ☐ Minors
  - ☐ Labor trafficking
    - ☐ Adults
    - ☐ Minors
- ☐ Children/youth
  - ☐ Out of home/Foster care/Kinship care
  - ☐ Juvenile justice
  - ☐ Runaway/Homeless youth
- ☐ People with disabilities
- ☐ Deaf/Hearing impaired
- ☐ Elderly
- ☐ Lesbian, gay, bisexual, transgender, and questioning

- ☐ Foreign nationals (migrant workers, undocumented immigrants, refugees)
- ☐ People with low incomes
- ☐ Racial and ethnic minorities
  - ☐ American Indian or Alaska Native
  - ☐ Asian
  - ☐ Black or African American
  - ☐ Native Hawaii or other Pacific Islander
  - ☐ White
  - ☐ Hispanic or Latino ethnicity
- ☐ History of substance use
- ☐ Intimate partner violence (e.g., dating, domestic violence)
- ☐ Gang-related crime
- ☐ Sexual abuse/Violence
- ☐ Other (please specify): _____

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

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

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

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

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

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

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

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

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.

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   (example: S for Sara)   (example: M for Maria)

for your date of birth:

08 for August)

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

SOAR SPECIALIZED T/TA

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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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	Strongly Disagree	Disagree	Agree	Strongly Agree
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

SOAR SPECIALIZED T/TA

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Stop. Observe. Ask. Respond to Human Trafficking
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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
Not At All Prepared	*Somewhat Prepared*	*Mostly Prepared*	*Completely Prepared*

72. Please rate the <u>overall</u> quality of this training.

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

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

_____
_____
_____

74. What could NHTTAC do in the future to enhance your level of preparedness <u>following</u> 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.)**

☐ 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): _____

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.)**

☐ 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

☐ Other (please specify): _____

☐ Violence prevention (e.g., child abuse and neglect, elder abuse, domestic violence, sexual violence, youth violence)

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
Never	*Occasionally*	*Frequently*	*Daily*

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

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): _____

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

NATIONAL HUMAN TRAFFICKING TRAINING AND TECHNICAL ASSISTANCE CENTER

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.

_____

_____

_____

SPECIALIZED T/TA
FEEDBACK
Protocol

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

OMB Control Number: 0970-XXXX
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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

SPECIALIZED T/TA
FEEDBACK
Protocol

NATIONAL HUMAN TRAFFICKING
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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
Poor	*Fair*	*Good*	*Excellent*

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

1	2	3	4
Very Dissatisfied	*Dissatisfied*	*Satisfied*	*Very Satisfied*

46. How well did this assistance meet your expectations?

1	2	3	4
Far Below My Expectations	*Did Not Meet My Expectations*	*Met My Expectations*	*Exceeded My Expectations*

NATIONAL HUMAN TRAFFICKING
TRAINING AND TECHNICAL
ASSISTANCE CENTER

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

1	2	3	4
Completely Unresponsive	*Unresponsive*	*Responsive*	*Very Responsive*

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
Not At All Prepared	*Somewhat Prepared*	*Mostly Prepared*	*Completely Prepared*

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

_____
_____
_____

52. What could NHTTAC do in the future to enhance your level of preparedness <u>following</u> 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?

_____
_____
_____

NATIONAL HUMAN TRAFFICKING TRAINING AND TECHNICAL ASSISTANCE CENTER

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

SPECIALIZED T/TA
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NATIONAL HUMAN TRAFFICKING
**TRAINING AND TECHNICAL
ASSISTANCE CENTER**

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

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
Never	*Occasionally*	*Frequently*	*Daily*

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): _____

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.

SURVIVOR FELLOWSHIP
FEEDBACK
Fellow 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)

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:

_____

_____

SURVIVOR FELLOWSHIP
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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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	Strongly Disagree	Disagree	Agree	Strongly Agree
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

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
Poor	Fair	Good	Excellent

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

1	2	3	4
Far Below My Expectations	Did Not Meet My Expectations	Met My Expectations	Exceeded My Expectations

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
Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied

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

**SURVIVOR FELLOWSHIP
FEEDBACK**
Fellow Protocol

**NATIONAL HUMAN TRAFFICKING
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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.)**

☐ 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): _____

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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.**)

☐ 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): _____

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

☐ I do not represent an organization
☐ 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: _____

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

☐ Behavioral health professional (e.g., psychologist, psychiatrist, mental health/substance use counselor)
☐ Child welfare (e.g., state agency staff, child welfare contractor, nonprofit personnel)
☐ Corrections-based services (e.g., parole, probation)
☐ Criminal justice (e.g., law enforcement, prosecutor, probation, court, forensic interviewer)
☐ Educator (e.g., teacher, professor, school administrator)
☐ Health care (e.g., physician, physician assistant, nurse practitioner, dentist, nurse, pharmacist)

☐ Housing (e.g., case worker, shelter director, public housing authority agencies)
☐ Legal (e.g., immigration, civil and/or rights-based attorney and/or paralegal, clinic)
☐ Public health (e.g., licensure board, health department staff, health care executive, community health workers)
☐ Social worker (e.g., case manager, school counselor, supervisor, administrator)
☐ Survivor empowerment, mentoring, or peer to peer
☐ Violence prevention (e.g., Child abuse and neglect; elder abuse; domestic violence, sexual violence, youth violence)
☐ Other (please specify): _____

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

☐ Yes   ☐ No

SURVIVOR FELLOWSHIP
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NATIONAL HUMAN TRAFFICKING
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64. Which of the following **best** describes your organization's geographic population? (**Mark all that apply.**)

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

☐ Local
☐ Urban
☐ Rural
☐ Suburban

65. Please select any of the following populations does your organization 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): _____

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
Never	*Occasionally*	*Frequently*	*Daily*

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

NATIONAL HUMAN TRAFFICKING TRAINING AND TECHNICAL ASSISTANCE CENTER

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.

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 <u>overall</u> quality of this webinar.

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

WEBINAR FEEDBACK

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

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

1	2	3	4
Not Useful	*Somewhat Useful*	*Useful*	*Very Useful*

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:

☐ <Insert webinar 1 title>   ☐ <Insert webinar 6 title>
☐ <Insert webinar 2 title>   ☐ <Insert webinar 7 title>
☐ <Insert webinar 3 title>   ☐ <Insert webinar 8 title>
☐ <Insert webinar 4 title>   ☐ <Insert webinar 9 title>
☐ <Insert webinar 5 title>   ☐ <Insert webinar 10 title>

23. Please rate the <u>overall</u> quality of the webinars you selected in the previous question.

1	2	3	4
Poor	*Fair*	*Good*	*Very Good*

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

1	2	3	4
Not At All	*Not Well*	*Well*	*Very Well*

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.)**

☐ 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

☐ Other (please specify):

_____

WEBINAR FEEDBACK

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

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
Never	*Occasionally*	*Frequently*	*Daily*

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): _____

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

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

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   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)

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

    ☐ An exhibit or presentation at a conference   ☐ The NHTTAC Call Center
    ☐ A link from another website/Searching the Internet ☐ A colleague or friend
    ☐ A professor   ☐ A publication or newsletter
    ☐ My OTIP Program Monitor or other OTIP staff person ☐ Other (please specify): _____

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

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

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

    ☐ This is my first time   ☐ Weekly   ☐ A few times per year
    ☐ Daily   ☐ Monthly

4. Were you familiar with NHTTAC before today's visit?
    ☐ Yes
    ☐ No

5. Please rate the <u>overall</u> quality of the NHTTAC website.

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

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

NATIONAL HUMAN TRAFFICKING
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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
Never	*Occasionally*	*Frequently*	*All the Time*

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 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   ☐ Consultant/Trainer   ☐ Administration
☐ Management   ☐ Volunteer   ☐ Peer Educator
☐ Other (please specify): _____

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.