*In order to help OVC TTAC 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. Only members of the Evaluation Team have access to information that could identify respondents. Answers to these questions will only be reported after aggregating all responses, and the results will never identify you as an individual. Other participants/users, consultants/presenters, OVC staff, OVC TTAC staff, and your employer will not have access to what you as an individual say. Your participation is in this survey is completely voluntary. If you have any questions about this survey or the evaluation, please contact TTACEval@icfi.com.*

 EVENT/ASSISTANCE:  SESSION:

 LOCATION:  DATE(S):

 PRESENTER(S):

 LEARNING OBJECTIVES:

**If you would be willing to participate in a brief followup survey in 3 months, please provide your e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PRESENTER/FACILITATOR 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Strongly Disagree** | **Disagree** | Neither Agree nor Disagree | **Agree** | **Strongly Agree** | **Not Applicable** |
| 1. The presenter demonstrated a comprehensive knowledge of the subject./The facilitator helped the meeting to stay on track with the scheduled agenda.
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The presenter clearly and logically presented the content./The facilitator managed the discussion well, allowing and encouraging multiple people to share feedback.
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The presenter/facilitator responded well to questions and comments.
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The presenter/facilitator created a respectful environment for participants.
 | 1 | 2 | 3 | 4 | 5 | NA |
| OVERALL SESSION | **Strongly Disagree** | **Disagree** | Neither Agree nor Disagree | **Agree** | **Strongly Agree** | **Not Applicable** |
| 1. The session/assistance clearly addressed the learning objectives/stated objectives. (See above for learning objectives.)
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. As a result of this assistance, I can…
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. As a result of this assistance, I can…
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The session/assistance addressed the critical issues related to the topic(s).
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The time allotted was adequate for the scope of material covered.
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The session/assistance was well organized and clear.
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The material was appropriate for my level of experience and knowledge.
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The resource materials (handouts, audiovisuals, PowerPoints) enhanced the session.
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The session/assistance increased my knowledge related to the topic(s).
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The session/assistance increased my practical skills related to the topic(s).
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. I will be able to apply what I learned in my work.
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The session/assistance improved my ability to serve victims.
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The session/assistance improved my ability to reach underserved victims.
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The session/assistance improved my ability to collaborate with others.
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The session/assistance provided sufficient opportunity to network with others in the field.
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The xxx[small group activities/discussion, etc.] enhanced my experience.
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The session/assistance met my goals.
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. I am satisfied with the overall quality of the session/assistance.
 | 1 | 2 | 3 | 4 | 5 | NA |

1. Do you plan to do any of the following as a result of participating in this session? **(Mark all that apply.)**

□ Share material with colleagues □ Expand services to *new victim populations*

□ Refer colleagues to other OVC TTAC events/resources □ Expand *types of services* offered to victims

□ Train/educate others in content/skills learned □ Expand *capacity/frequency* of services to victims

□ Enact policy changes at my organization □ Strengthen evaluation or needs assessment activities

□ Begin a new project or initiative □ Network with other participants

□ Change my management, leadership, or □ Identify/pursue new funding resources

 interpersonal communication style □ Implement/change financial procedures

□ Pursue additional professional development □ Modify outreach/marketing activities

□ Develop/strengthen use of technology or infrastructure □ Develop/enhance vision, mission, or strategic plan

□ Develop/strengthen collaborative or strategic relationships □ Other(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain in detail any of these activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Would you recommend OVC TTAC to others? □ Yes □ No
2. What aspects of the session were most helpful and why?

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

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

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

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1. Do you have any other comments or suggestions?

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

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

□ Community-Based/Grassroots □ Health/Mental Health Services □ Military

□ Criminal Justice Agency □ Human/Social Services □ Research

□ Education □ Legal Services □ Other (please specify):

□ Faith-Based □ Legislation/Policymaking \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Which types of victim services do ***you*** provide for crime victims in your current position? **(Mark all that apply.)**

□ I do not provide direct services □ Criminal Justice System □ Notification

□ Child Care Advocacy/Assistance □ Transportation

□ Compensation/Restitution □ Housing/Shelter □ 24-Hour Hotline

□ Counseling □ Information/Referral □ Other (please specify):

□ Crisis Intervention □ Medical/SANE/SART \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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

1. Which of the following **best** describes your primary role in your current position? **(Mark all that apply.)**

□ Direct Delivery/Front Line Staff □ Consultant/Trainer □ Other (please specify):

□ Management/Administrative Staff □ Volunteer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Which of the following **best** describes the population you serve? **(Mark all that apply.)**

□ National □ Local

□ State □ Urban

□ Tribal □ Rural

□ International, list country: □ Suburban

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Culturally specific populations(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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