

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 in this survey is completely voluntary. If you have any questions about this survey or the evaluation, please contact [TTACEval@icfi.com](mailto:TTACEval@icfi.com).

<b>EVENT/ASSISTANCE:</b> _____	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.

<b>PRESENTER/FACILITATOR 1:</b> _____	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
2. 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
3. The presenter/facilitator responded well to questions and comments.	1	2	3	4	5	NA
4. The presenter/facilitator created a respectful environment for participants.	1	2	3	4	5	NA
<b>OVERALL SESSION</b>	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
5. The session/assistance clearly addressed the learning objectives/stated objectives. (See above for learning objectives.)	1	2	3	4	5	NA
6. As a result of this assistance, I can...	1	2	3	4	5	NA
7. As a result of this assistance, I can...	1	2	3	4	5	NA
8. The session/assistance addressed the critical issues related to the topic(s).	1	2	3	4	5	NA
9. The time allotted was adequate for the scope of material covered.	1	2	3	4	5	NA
10. The session/assistance was well organized and clear.	1	2	3	4	5	NA
11. The material was appropriate for my level of experience and knowledge.	1	2	3	4	5	NA
12. The resource materials (handouts, audiovisuals, PowerPoints) enhanced the session.	1	2	3	4	5	NA
13. The session/assistance increased my knowledge related to the topic(s).	1	2	3	4	5	NA
14. The session/assistance increased my practical skills related to the topic(s).	1	2	3	4	5	NA
15. I will be able to apply what I learned in my work.	1	2	3	4	5	NA
16. The session/assistance improved my ability to serve victims.	1	2	3	4	5	NA
17. The session/assistance improved my ability to reach underserved victims.	1	2	3	4	5	NA
18. The session/assistance improved my ability to collaborate with others.	1	2	3	4	5	NA

Paperwork Reduction Act Notice

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. The estimated average time to complete this form is 10 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the OVC TTAC evaluation team at [TTACEval@icfi.com](mailto:TTACEval@icfi.com) or 9300 Lee Highway, Fairfax, VA 22031.

19. The session/assistance provided sufficient opportunity to network with others in the field.	1	2	3	4	5	NA
20. The xxx[small group activities/discussion, etc.] enhanced my experience.	1	2	3	4	5	NA
21. The session/assistance met my goals.	1	2	3	4	5	NA
22. I am satisfied with the overall quality of the session/assistance.	1	2	3	4	5	NA

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

- |   |  |
|---|--|
| <input type="checkbox"/> Share material with colleagues   | <input type="checkbox"/> Expand services to <i>new victim populations</i>        |
| <input type="checkbox"/> Refer colleagues to other OVC TTAC events/resources                    | <input type="checkbox"/> Expand <i>types of services</i> offered to victims      |
| <input type="checkbox"/> Train/educate others in content/skills learned                         | <input type="checkbox"/> Expand <i>capacity/frequency</i> of services to victims |
| <input type="checkbox"/> Enact policy changes at my organization                                | <input type="checkbox"/> Strengthen evaluation or needs assessment activities    |
| <input type="checkbox"/> Begin a new project or initiative                                      | <input type="checkbox"/> Network with other participants                         |
| <input type="checkbox"/> Change my management, leadership, or interpersonal communication style | <input type="checkbox"/> Identify/pursue new funding resources                   |
| <input type="checkbox"/> Pursue additional professional development                             | <input type="checkbox"/> Implement/change financial procedures                   |
| <input type="checkbox"/> Develop/strengthen use of technology or infrastructure                 | <input type="checkbox"/> Modify outreach/marketing activities                    |
| <input type="checkbox"/> Develop/strengthen collaborative or strategic relationships            | <input type="checkbox"/> Develop/enhance vision, mission, or strategic plan      |
|   | <input type="checkbox"/> Other(s): _____   |

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

24. Would you recommend OVC TTAC to others?  Yes  No

25. What aspects of the session were most helpful and why?  
 \_\_\_\_\_  
 \_\_\_\_\_

26. What could be done differently to improve the session?  
 \_\_\_\_\_  
 \_\_\_\_\_

27. Do you have any other comments or suggestions?  
 \_\_\_\_\_  
 \_\_\_\_\_

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

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Community-Based/Grassroots | <input type="checkbox"/> Health/Mental Health Services | <input type="checkbox"/> Military                |
| <input type="checkbox"/> Criminal Justice Agency    | <input type="checkbox"/> Human/Social Services         | <input type="checkbox"/> Research                |
| <input type="checkbox"/> Education                  | <input type="checkbox"/> Legal Services                | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Faith-Based                | <input type="checkbox"/> Legislation/Policymaking      | _____  |

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

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> I do not provide direct services | <input type="checkbox"/> Criminal Justice System | <input type="checkbox"/> Notification            |
| <input type="checkbox"/> Child Care                       | <input type="checkbox"/> Advocacy/Assistance     | <input type="checkbox"/> Transportation          |
| <input type="checkbox"/> Compensation/Restitution         | <input type="checkbox"/> Housing/Shelter         | <input type="checkbox"/> 24-Hour Hotline         |
| <input type="checkbox"/> Counseling                       | <input type="checkbox"/> Information/Referral    | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Crisis Intervention              | <input type="checkbox"/> Medical/SANE/SART       | _____  |

30. 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

