*We have identified you as someone who has recently been in contact with the OVC TTAC Call Center. 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.*

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| OVERALL ASSISTANCE | **Strongly Disagree** | | **Disagree** | Neither Agree nor Disagree | **Agree** | **Strongly Agree** | **Not Applicable** |
| 1. OVC TTAC was responsive to my questions and needs. | 1 | 2 | | 3 | 4 | 5 | NA |
| 1. The information/assistance I received was easy for me to understand. | 1 | 2 | | 3 | 4 | 5 | NA |
| 1. The information/assistance I received will help me in my work. | 1 | 2 | | 3 | 4 | 5 | NA |
| 1. The information/assistance I received met my goals. | 1 | 2 | | 3 | 4 | 5 | NA |
| 1. I am satisfied with the information/assistance I received. | 1 | 2 | | 3 | 4 | 5 | NA |
| 1. I will return to OVC TTAC for my training and technical assistance needs. | 1 | 2 | | 3 | 4 | 5 | NA |

1. How did you first hear about OVC TTAC? **(Mark one.)**

□ Via the OVC TTAC Website

□ Via an exhibit or presentation at a conference

□ Via a link from another website/Searching the Internet

□ Via a colleague or friend

□ Via a publication or newsletter

□ Via my OVC program monitor or other OVC staff person

□ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How often have you used OVC TTAC in the last 12 months? **(Mark one.)**

□ 1 – 3 times □ 7 – 9 times

□ 4 – 6 times □ 10+ times

1. How did you access OVC TTAC? **(Mark all that apply.)**

□ OVC TTAC Website □ E-mail

□ Toll-free number for call center □ TTY

□ OVC program monitor or other OVC staff person □ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Why did you use/contact OVC TTAC? **(Mark all that apply.)**

□ Request general information about OVC or OVC TTAC □ Request or apply for assistance:

□ Obtain general information about victim services □ Technical assistance

□ Obtain a referral for direct services □ Training

□ Access online materials or training □ Funding for a conference/event or speaker

□ Join the listserv or mailing list □ Scholarship

□ Apply to be a consultant/trainer □ National Victim Assistance Academy

□ Acquire help for technical problems on website □ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In general, how promptly was your request acknowledged? **(Mark one.)**

□ Immediately □ Within 2-3 days □ More than a week

□ Within a day □ Within a week □ My request was not acknowledged

1. Would you recommend OVC TTAC to others? □ Yes □ No
2. What did you find most helpful about OVC TTAC’s resources?

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

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1. What could be done differently to improve your experience with OVC TTAC?

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

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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.***