

Thank you for visiting the Office for Victims of Crime Training and Technical Assistance Center (OVC TTAC) Website. 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.

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

<input type="checkbox"/> Via an exhibit or presentation at a conference <input type="checkbox"/> Via a link from another website/Searching the Internet <input type="checkbox"/> Via a professor <input type="checkbox"/> Via my OVC program monitor or other OVC staff person	<input type="checkbox"/> Via the OVC TTAC call center <input type="checkbox"/> Via a colleague or friend <input type="checkbox"/> Via a publication or newsletter <input type="checkbox"/> Other (please specify): _____
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2. What was the goal of your visit today? **(Mark all that apply.)**

<input type="checkbox"/> Learn about training or technical assistance opportunities <input type="checkbox"/> Request/apply for training or technical assistance <input type="checkbox"/> Participate in one of the learning communities <input type="checkbox"/> Sign up for the listserv	<input type="checkbox"/> Learn about OVC TTAC <input type="checkbox"/> Learn more about victim services <input type="checkbox"/> Obtain contact information <input type="checkbox"/> Other (please specify): _____
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3. Approximately how many times have you used/visited this site? **(Mark one.)**

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

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
4. It is easy to find the information I need on this site.	1	2	3	4	5	NA
5. It is easy to navigate the site.	1	2	3	4	5	NA
6. I was familiar with OVC TTAC before today's visit.	1	2	3	4	5	NA
7. The information on this site met my goals.	1	2	3	4	5	NA
8. I am satisfied with the content of the site.	1	2	3	4	5	NA
9. I am satisfied with the appearance of the site.	1	2	3	4	5	NA
10. I will return to this site for my training and technical assistance needs.	1	2	3	4	5	NA

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

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

13. Do you have any other comments or suggestions?

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14. 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 | _____ |
15. 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 | _____ |
16. 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
17. Which of the following **best** describes your primary role in your current position? **(Mark all that apply.)**
- | | | |
|---|---|--|
| <input type="checkbox"/> Direct Delivery/Front Line Staff | <input type="checkbox"/> Consultant/Trainer | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Management/Administrative Staff | <input type="checkbox"/> Volunteer | _____ |
18. Which of the following **best** describes the population you serve? **(Mark all that apply.)**
- | | |
|--|--|
| <input type="checkbox"/> National | <input type="checkbox"/> Local |
| <input type="checkbox"/> State | <input type="checkbox"/> Urban |
| <input type="checkbox"/> Tribal | <input type="checkbox"/> Rural |
| <input type="checkbox"/> International, list country:
_____ | <input type="checkbox"/> Suburban |
| | <input type="checkbox"/> Culturally specific populations(s): _____ |

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