*Thank you for attending the training/technical assistance session supported by OVC TTAC. In order to help OVC TTAC better serve the field, we are reaching out to obtain your feedback.*

EVENT: *pre-printed information*  SESSION: *pre-printed information*

LOCATION: *pre-printed information*  DATE(S): *pre-printed information*

PRESENTER(S): *pre-printed information*

1. OVC TTAC offers the following types of training and technical assistance (TTA). Please check any areas you would be interested in receiving additional assistance. **(Mark all that apply.)**
2. □ Building Resiliency □ Identity Theft □ Program Evaluation

□ Children Living with Grief and Trauma □ Leadership □ Provider Effectiveness

□ Compassion Fatigue/Vicarious Trauma □ LGBTQ Victims □ Sexual Assault Advocate/

□ Conference Support □ Military-Civilian Counselor Training

□ Crime Victims with Disabilities Community Partnerships □ Sexual Assault Case DNA

□ Cultural Competence □ National Victim □ Strategic Planning for Leaders

□ Curriculum Design Assistance Academy □ Survivors of Homicide

□ Customized TTA □ Needs Assessment □ Training or Materials for

□ Elder Abuse □ Organizational Scholarships Instructors/Trainers

□ Enforcing Victims’ Rights □ Professional Development □ Victim Assistance Training

□ Grant Writing/Funding Scholarships □ Victims with Disabilities

□ *<TBD>* □ *<TBD>* □ *<TBD>*

□ *<TBD>* □ *<TBD>* □ *<TBD>*

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

1. Would you like someone to follow up with you regarding this need or any other type of assistance? □ Yes □ No
2. Would you like to join the OVC TTAC listserv? □ Yes □ No
3. If you would like to be contacted regarding an additional TTA need ***OR*** would like to join the OVC TTAC listserv, please provide your contact information here. (You may also join the listserv yourself at *www.ovcttac.gov/MailingList*.)

Full name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address (necessary for listsev): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number (if prefer to be contacted by phone): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What additional training events or topical areas would you like to see offered by OVC TTAC?

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