

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.

Part I. Event Feedback

1. Please provide the following information about the event you attended that was funded by scholarships funds:

Event title: _____

Date(s): _____ Location: _____

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

OVERALL EVENT	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
2. The event addressed the critical issues related to the topic(s).	1	2	3	4	5	NA
3. The material was appropriate for my level of experience and knowledge.	1	2	3	4	5	NA
4. The event increased my knowledge related to the topic(s).	1	2	3	4	5	NA
5. The event increased my practical skills related to the topic(s).	1	2	3	4	5	NA
6. I will be able to apply what I learned in my work.	1	2	3	4	5	NA
7. The event improved my ability to serve victims.	1	2	3	4	5	NA
8. The event improved my ability to reach underserved victims.	1	2	3	4	5	NA
9. The event improved my ability to collaborate with others.	1	2	3	4	5	NA
10. The event met my goals.	1	2	3	4	5	NA
11. I am satisfied with the overall quality of the event.	1	2	3	4	5	NA

12. At which type of event was the training held? **(Mark all that apply.)**

- National conference
- State/regional conference
- Local conference
- Other (please specify): _____

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

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

Please explain in detail any of these activities: _____

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 or 9300 Lee Highway, Fairfax, VA 22031.

14. What aspects of the event were most helpful and why?

15. Do you have any other comments or suggestions about the event?

16. 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 | _____ |

17. 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 | _____ |

18. 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

19. 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 | _____ |

20. 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.