

**CONFERENCE SESSION
FEEDBACK
Form**



**NATIONAL HUMAN TRAFFICKING
TRAINING AND TECHNICAL
ASSISTANCE CENTER**

OMB Control Number: 0970-0519
Expiration Date: 10/31/2021

PRESENTER/FACILITATOR 2: _____	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
11. The presenter's knowledge and expertise were appropriate for this session.	1	2	3	4	NA
12. The presenter delivered the content of the session clearly and logically.	1	2	3	4	NA
13. The presenter responded positively to questions and comments.	1	2	3	4	NA
14. The presenter created a respectful environment for participants.	1	2	3	4	NA
15. The presenter encouraged and initiated helpful discussions.	1	2	3	4	NA
CONFERENCE SESSION FEEDBACK	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
16. The session addressed the critical issues related to the topic(s).	1	2	3	4	NA
17. The session was well organized and clear.	1	2	3	4	NA
18. The session increased my knowledge related to the topic(s).	1	2	3	4	NA
19. The information presented in the session was grounded in current evidence-based research or promising practices.	1	2	3	4	NA
20. The information presented in the session was trauma-informed.	1	2	3	4	NA
21. The information presented in the session was survivor-informed.	1	2	3	4	NA
22. The information presented in the session was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA
23. The information provided in the session reflected a public health approach to addressing human trafficking.	1	2	3	4	NA
24. The session improved my ability to serve people who are currently being trafficked, at risk of trafficking, or have been trafficked.	1	2	3	4	NA
25. The meeting space and use of technology provided a good learning environment.	1	2	3	4	NA
26. The time allotted was adequate for the scope of material covered.	1	2	3	4	NA
27. The education materials provided for this session were useful.	1	2	3	4	NA
28. I will share the information I learned at the session with my colleagues.	1	2	3	4	NA
29. The session increased my practical skills related to the topic(s).	1	2	3	4	NA
30. The session met my professional needs.	1	2	3	4	NA
31. The session met my educational needs.	1	2	3	4	NA
32. I will be able to apply what I learned in my work.	1	2	3	4	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 NHTTAC Evaluation Team at NHTTACEval@icf.com or 9300 Lee Highway, Fairfax, VA 22031.



Please click the number that best represents your rating for this session for each of the following questions.

33. Please rate the overall quality of this session.

1	2	3	4
<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>

34. How useful was the session information to your work?

1	2	3	4
<i>Not Useful</i>	<i>Somewhat Useful</i>	<i>Useful</i>	<i>Very Useful</i>

35. As a result of participating in this session, do you plan to do any of the following? (**Mark all that apply.**)

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <input type="checkbox"/> Change my management/leadership or interpersonal communication style <input type="checkbox"/> Further develop skills and knowledge about serving people who are currently being trafficked, at risk of trafficking, or have been trafficked <input type="checkbox"/> Write grants/fundraise/identify new funding resources <input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enhance vision, mission, or strategic plan <input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enact policy changes at my organization <input type="checkbox"/> Improve programs/practices <input type="checkbox"/> Improve technology/websites/infrastructure <input type="checkbox"/> Integrate victim-centered, survivor-informed strategies <input type="checkbox"/> Expand services or types of services <input type="checkbox"/> Begin a new project or initiative | <ul style="list-style-type: none"> <input type="checkbox"/> Develop/strengthen collaborative or strategic relationships <input type="checkbox"/> Network with other participants <input type="checkbox"/> Share materials with colleagues <input type="checkbox"/> Provide information to clients/families/youth <input type="checkbox"/> Train/educate others in content/skills learned <input type="checkbox"/> Raise public awareness/advocacy/outreach activities offered to people who are currently being trafficked, at risk of trafficking, or have been trafficked <input type="checkbox"/> Refer colleagues to NHTTAC events/resources <input type="checkbox"/> Conduct research <input type="checkbox"/> Strengthen evaluation or needs assessment activities <input type="checkbox"/> Improve identification and reporting methods for trafficking <input type="checkbox"/> Take additional training on human trafficking <input type="checkbox"/> Other (please specify): _____ |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

36. Of the barriers listed below, which do you believe will be a **significant** challenge to performing the activities you selected in the previous question? (**Mark all that apply.**)

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <input type="checkbox"/> Lack of senior leadership support <input type="checkbox"/> Lack of frontline support and accountability <input type="checkbox"/> Continuous turnover <input type="checkbox"/> Shortages of key personnel <input type="checkbox"/> Competing priorities <input type="checkbox"/> Inaccessible research and/or information <input type="checkbox"/> Lack of urgency <input type="checkbox"/> Lack of shared responsibility across organizational collaboration <input type="checkbox"/> Difficulty in establishing and/or maintaining a multi-disciplinary team | <ul style="list-style-type: none"> <input type="checkbox"/> Need for partnership building with other organizations <input type="checkbox"/> Variation in mission and regulatory frameworks when partnering with other organizations <input type="checkbox"/> Lack of information and/or data sharing among organizations <input type="checkbox"/> Lack of time to implement changes <input type="checkbox"/> Lack of training for staff in how to implement change <input type="checkbox"/> Other (please explain): _____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

37. Would you recommend NHTTAC to others for T/TA? Yes No

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38. What aspects of the session were most helpful and why?

39. What could be done differently to improve the session?

40. Do you have any other comments or suggestions?

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

- | | |
|----------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Academic institution | <input type="checkbox"/> OTIP grantee |
| <input type="checkbox"/> Anti-trafficking organization | <input type="checkbox"/> Self-employed |
| <input type="checkbox"/> Business/For-profit organization | <input type="checkbox"/> Survivor-led organization |
| <input type="checkbox"/> Coalition/Multidisciplinary team/Task force | <input type="checkbox"/> Tribal government |
| <input type="checkbox"/> Federal government | <input type="checkbox"/> Union/Worker advocacy organization |
| <input type="checkbox"/> Faith-based organization | <input type="checkbox"/> Victim service provider |
| <input type="checkbox"/> State and local government | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> Nonprofit/Community-based organization | |

42. Which of the following **best** describes your professional capacity or types of services you provide? (**Mark all that apply.**)

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Behavioral health professional (e.g., psychologist, psychiatrist, mental health/substance use counselor) | <input type="checkbox"/> Housing (e.g., case worker, shelter director, public housing authority agencies) |
| <input type="checkbox"/> Child welfare (e.g., state agency staff, child welfare contractor, nonprofit personnel) | <input type="checkbox"/> Legal (e.g., immigration, civil and/or rights-based attorney and/or paralegal, clinic) |
| <input type="checkbox"/> Corrections-based services (e.g., parole, probation) | <input type="checkbox"/> Public health (e.g., licensure board, health department staff, health care executive, community health workers) |
| <input type="checkbox"/> Criminal justice (e.g., law enforcement, prosecutor, probation, court, forensic interviewer) | <input type="checkbox"/> Social worker (e.g., case manager, school counselor, supervisor, administrator) |
| <input type="checkbox"/> Educator (e.g., teacher, professor, school administrator) | <input type="checkbox"/> Survivor empowerment, mentoring, or peer to peer |
| <input type="checkbox"/> Professional capacity/types of services, continued | <input type="checkbox"/> Violence prevention (e.g., Child abuse and neglect; elder abuse; domestic violence, sexual violence, youth violence) |
| <input type="checkbox"/> Health care (e.g., physician, physician assistant, nurse practitioner, dentist, nurse, pharmacist) | <input type="checkbox"/> Other (please specify): _____ |

43. Is your organization responsible for working with people who are currently being trafficked or have been trafficked?

- Yes No

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44. 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

45. Which of the following **best** describes your primary role in your current position?

- Direct delivery/frontline staff Consultant/Trainer Administration
 Management Volunteer Peer Educator
 Other (please specify): _____

46. In your professional capacity, how frequently do you come into contact with people who are currently being trafficked, at risk of being trafficked, or have been trafficked?

1	2	3	4
<i>Never</i>	<i>Occasionally</i>	<i>Frequently</i>	<i>All the Time</i>

47. Which of the following **best** describes your geographic population? **(Mark all that apply.)**

- National Local
 State (please specify): _____ Urban
 Tribal Rural
 International (please specify country):
_____ Suburban

48. Please select any of the following populations you currently work with in a professional capacity **(Mark all that apply.)**

- Human trafficking
- Commercial sexual exploitation of children
 - Sex trafficking
 - Adults
 - Minors
 - Labor trafficking
 - Adults
 - Minors
- Children/youth
- Out of home/Foster care/Kinship care
 - Juvenile justice
 - Runaway/Homeless youth
- People with disabilities
- Deaf/Hearing impaired
- Elderly
- Lesbian, gay, bisexual, transgender, and questioning
- Foreign nationals (migrant workers, undocumented immigrants, refugees)
- People with low incomes
- Racial and ethnic minorities
- American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaii or other Pacific Islander
 - White
 - Hispanic or Latino ethnicity
- History of substance use
- Domestic and dating violence
- Gang-related crime
- Sexual abuse/Violence
- Other (Please specify): _____

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

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