

**HUMAN TRAFFICKING  
LEADERSHIP ACADEMY  
FELLOWSHIP POST-  
PROGRAM  
Feedback**



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

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

*In order to help the National Human Trafficking Training and Technical Assistance Center (NHTTAC) 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, including reporting all information in aggregate to avoid identifying information. Only members of the NHTTAC Evaluation Team have access to information that could identify respondents. If you have any questions about this survey or the evaluation, please contact [insert].*

**Please provide the information below to create an anonymous ID:**

|   |  |   |
|---|--|---|
| <p>_____</p> <p>Birth Month<br/>(insert just the month<br/>for your <i>date of birth</i>,<br/>example: 08 for August)</p> | <p>_____</p> <p>First letter of first name<br/>(example: S for Sara)</p> | <p>_____</p> <p>First letter of your middle name<br/>(example: M for Maria)</p> |
|---|--|---|

*Please rate the extent to which to you agree or disagree that the fellowship program has helped you achieve the following objectives. This program has increased my...*

| OBJECTIVES  | Strongly Disagree | Disagree | Agree | Strongly Agree | Not Applicable |
|---|-------------------|----------|-------|----------------|----------------|
| 1. [insert objective here].   | 1                 | 2        | 3     | 4              | NA             |
| 2. KNOWLEDGE: Grow participant understanding of human trafficking programs, nonprofits, government, public health systems, and other processes and services that can help catalyze positive change. | 1                 | 2        | 3     | 4              | NA             |
| 3. TRUST: Increase the level of trust and reciprocity between survivors and the agencies and institutions committed to their success.   | 1                 | 2        | 3     | 4              | NA             |
| 4. NETWORK: Cultivate a thriving leadership network of survivors and human trafficking professionals that work across organizational and geographic boundaries.                                     | 1                 | 2        | 3     | 4              | NA             |
| 5. CONTRIBUTION: Create relevant and usable resources and tools that enhance trauma-informed and survivor-centered OTIP grant programming.  | 1                 | 2        | 3     | 4              | NA             |
| 6. SKILLS: Empower emerging leaders with leadership skills and training to lead themselves and their communities forward.   | 1                 | 2        | 3     | 4              | NA             |

*Please rate your level of confidence with the following after participating in this program:*

| SKILL DEVELOPMENT         | Not at All Confident | Not Confident | Confident | Very Confident |
|---------------------------|----------------------|---------------|-----------|----------------|
| 7. My leadership ability. | 1                    | 2             | 3         | 4              |

Paperwork Reduction Act Notice

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|--|---|---|---|---|
| 8. My skills and knowledge about trauma-informed practices.  | 1 | 2 | 3 | 4 |
| 9. My skills and knowledge about survivor-informed practices.                                      | 1 | 2 | 3 | 4 |
| 10. My skills and knowledge about current evidence-based or promising practices.                   | 1 | 2 | 3 | 4 |
| 11. My skills and knowledge about a multidisciplinary approach to addressing human trafficking.    | 1 | 2 | 3 | 4 |
| 12. My skills and knowledge about a public health approach to addressing human trafficking.        | 1 | 2 | 3 | 4 |
| 13. My connection to colleagues, professionals, and human trafficking experts.                     | 1 | 2 | 3 | 4 |
| 14. My knowledge of human trafficking programs, nonprofits, government, and public health systems. | 1 | 2 | 3 | 4 |
| 15. My ability to collaborate across human trafficking programs or initiatives.                    | 1 | 2 | 3 | 4 |

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

| <b>NHTTAC STAFF:</b> _____  | <b>Strongly Disagree</b> | <b>Disagree</b> | <b>Agree</b> | <b>Strongly Agree</b> | <b>Not Applicable</b> |
|---|--------------------------|-----------------|--------------|-----------------------|-----------------------|
| 16. The planning support provided by NHTTAC prior to the beginning of the fellowship program was helpful. | 1                        | 2               | 3            | 4                     | NA                    |
| 17. The onsite support provided by NHTTAC during the in-person trainings was helpful.                     | 1                        | 2               | 3            | 4                     | NA                    |
| 18. The interim support and check-ins provided by NHTTAC staff between seminars was helpful.              | 1                        | 2               | 3            | 4                     | NA                    |
| 19. I am satisfied with the overall support provided by NHTTAC staff throughout the fellowship program.   | 1                        | 2               | 3            | 4                     | NA                    |
| <b>FACILITATOR 1:</b> _____   | <b>Strongly Disagree</b> | <b>Disagree</b> | <b>Agree</b> | <b>Strongly Agree</b> | <b>Not Applicable</b> |
| 20. The facilitator's knowledge and expertise were appropriate for this program.                          | 1                        | 2               | 3            | 4                     | NA                    |
| 21. The facilitator responded positively to questions and comments.                                       | 1                        | 2               | 3            | 4                     | NA                    |
| 22. The facilitator created a respectful environment for participants.                                    | 1                        | 2               | 3            | 4                     | NA                    |
| 23. The facilitator encouraged and initiated helpful discussions.   | 1                        | 2               | 3            | 4                     | NA                    |
| <b>FACILITATOR 2:</b> _____   | <b>Strongly Disagree</b> | <b>Disagree</b> | <b>Agree</b> | <b>Strongly Agree</b> | <b>Not Applicable</b> |
| 24. The facilitator's knowledge and expertise were appropriate for this program.                          | 1                        | 2               | 3            | 4                     | NA                    |
| 25. The facilitator responded positively to questions and comments.                                       | 1                        | 2               | 3            | 4                     | NA                    |

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|  |   |   |   |   |    |
|--|---|---|---|---|----|
| 26. The facilitator created a respectful environment for participants. | 1 | 2 | 3 | 4 | NA |
| 27. The facilitator encouraged and initiated helpful discussions.      | 1 | 2 | 3 | 4 | NA |

28. Please rate the overall quality of the HTLA.

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

29. Would you recommend NHTTAC to others to receive T/TA?  Yes  No

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

| <b>OVERALL FEEDBACK</b>  | <b>Strongly Disagree</b> | <b>Disagree</b> | <b>Agree</b> | <b>Strongly Agree</b> | <b>Not Applicable</b> |
|--|--------------------------|-----------------|--------------|-----------------------|-----------------------|
| 30. The time allotted was adequate for the scope of the initiative.  | 1                        | 2               | 3            | 4                     | NA                    |
| 31. The program was well organized.  | 1                        | 2               | 3            | 4                     | NA                    |
| 32. This program met my professional needs.  | 1                        | 2               | 3            | 4                     | NA                    |
| 33. This program met my educational needs.   | 1                        | 2               | 3            | 4                     | NA                    |
| 34. The materials provided during this program were useful.  | 1                        | 2               | 3            | 4                     | NA                    |
| 35. The format of the program contributed to a positive learning environment.  | 1                        | 2               | 3            | 4                     | NA                    |
| 36. The format of the program provided ample opportunity and encouragement for participants to interact meaningfully with each other.    | 1                        | 2               | 3            | 4                     | NA                    |
| 37. The content was trauma-informed.   | 1                        | 2               | 3            | 4                     | NA                    |
| 38. I am confident the knowledge and skills that I learned will be useful for my practice and/or for my professional development.        | 1                        | 2               | 3            | 4                     | NA                    |
| 39. I will be able to apply what I learned in my work.   | 1                        | 2               | 3            | 4                     | NA                    |
| 40. The program improved my ability to serve people who are currently being trafficked, at risk of trafficking, or have been trafficked. | 1                        | 2               | 3            | 4                     | NA                    |
| 41. This program will help me collaborate with various professionals across the human trafficking field.                                 | 1                        | 2               | 3            | 4                     | NA                    |
| 42. I will share the information I learned at the training with my colleagues and peers.   | 1                        | 2               | 3            | 4                     | NA                    |

43. What are the top three ways you improved your effectiveness as a leader?

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Please rate the overall quality of each session of the Human Trafficking Leadership Academy:

| OVERALL QUALITY    | Poor | Fair | Good | Excellent | Not Applicable |
|--------------------|------|------|------|-----------|----------------|
| 44. HTLA Seminar 1 | 1    | 2    | 3    | 4         | NA             |
| 45. HTLA Seminar 2 | 1    | 2    | 3    | 4         | NA             |
| 46. HTLA Seminar 3 | 1    | 2    | 3    | 4         | NA             |
| 47. HTLA Seminar 4 | 1    | 2    | 3    | 4         | NA             |

48. What insights and experiences did you contribute to the other fellows' learning experiences during the program?

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49. What contributions did the other fellows make toward your learning experience?

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50. How did working with **grantees/survivors** impact your professional experience?

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51. How has your professional network changed through participating in this program? **(Mark all that apply.)**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Increased the number of professionals working to address human trafficking</li> <li><input type="checkbox"/> Increased the number of professionals with similar professional goals</li> <li><input type="checkbox"/> Met professionals who are in my geographical area</li> <li><input type="checkbox"/> Met professionals that I could collaborate with in future endeavors</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Met professionals that I could develop a meaningful working relationship with</li> <li><input type="checkbox"/> Met professionals that I could develop a close friendship with</li> <li><input type="checkbox"/> Met professionals who are acquaintances or knows some of my other colleagues</li> <li><input type="checkbox"/> Met professionals that have skill-sets that are complementary to mine</li> <li><input type="checkbox"/> Other (please specify): _____</li> </ul> |
|---|--|

52. Do you anticipate doing any of the following as a result of participating in this program? **(Mark all that apply.)**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Change my management/leadership or interpersonal communication style</li> <li><input type="checkbox"/> Further develop skills and knowledge about serving people who are currently being trafficked, at risk of trafficking, or have been trafficked</li> <li><input type="checkbox"/> Write grants/fundraise/identify new funding resources</li> <li><input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enhance vision, mission, or strategic plan</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enact policy changes at my organization</li> <li><input type="checkbox"/> Improve programs/practices</li> <li><input type="checkbox"/> Improve technology/websites/infrastructure</li> <li><input type="checkbox"/> Integrate victim-centered, survivor-informed strategies</li> <li><input type="checkbox"/> Expand services or types of services</li> <li><input type="checkbox"/> Begin a new project or initiative</li> <li><input type="checkbox"/> Develop/strengthen collaborative or strategic relationships</li> <li><input type="checkbox"/> Network with other participants</li> </ul> |
|---|--|

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- Share materials with colleagues
- Provide information to clients/families/youth
- Train/educate others in content/skills learned
- Raise public awareness/advocacy/outreach activities offered to people who are currently being trafficked, at risk of trafficking, or have been trafficked
- Refer colleagues to NHTTAC events/resources
- Conduct research
- Strengthen evaluation or needs assessment activities
- Improve identification and reporting methods for trafficking
- Take additional training on human trafficking
- Other (please specify): \_\_\_\_\_

53. 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.)

- Lack of senior leadership support
- Lack of frontline support and accountability
- Continuous turnover
- Shortages of key personnel
- Competing priorities
- Inaccessible research and/or information
- Lack of urgency
- Lack of shared responsibility across organizational collaboration
- Improve my own leadership or professional development skills
- Difficulty in establishing and/or maintaining a multi-disciplinary team
- Need for partnership building with other organizations
- Variation in mission and regulatory frameworks when partnering with other organizations
- Lack of information and/or data sharing among organizations
- Lack of time to implement changes
- Lack of training for staff in how to implement change
- Other (please explain): \_\_\_\_\_

54. Please list any other professional goals you have achieved through this program:

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55. What aspects of the HTLA were most helpful and why?

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56. What else did you hope to achieve through participating in this program?

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57. Overall, what are the program's strengths?

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58. What could be done differently to improve the program?

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

- |  |   |
|--|---|
| <input type="checkbox"/> I am not associated with an organization    | <input type="checkbox"/> Nonprofit/Community-based organization |
| <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: _____           |

60. 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"/> Health care (e.g., physician, physician assistant, nurse practitioner, dentist, nurse, pharmacist)       | <input type="checkbox"/> Violence prevention (e.g., Child abuse and neglect; elder abuse; domestic violence, sexual violence, youth violence) |
|   | <input type="checkbox"/> Other (please specify): _____  |

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

- Yes       No

62. 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

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Direct delivery/frontline staff | <input type="checkbox"/> Consultant/Trainer | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Management                      | <input type="checkbox"/> Volunteer          | <input type="checkbox"/> Peer Educator  |
| <input type="checkbox"/> Other (please specify): _____   |   |   |

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64. 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> |

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

- |   |                                   |   |
|---|-----------------------------------|---|
| <input type="checkbox"/> National   | <input type="checkbox"/> Local    | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> State (please specify): _____                    | <input type="checkbox"/> Urban    |   |
| <input type="checkbox"/> Tribal   | <input type="checkbox"/> Rural    |   |
| <input type="checkbox"/> International (please specify country):<br>_____ | <input type="checkbox"/> Suburban |   |

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

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

67. What is your race? (**Mark all that apply.**)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaii or other Pacific Islander
- White
- Other (please specify): \_\_\_\_\_

68. What is your ethnicity? (**Mark all that apply.**)

- Hispanic or Latino
- Middle Eastern or North African
- Other (please specify): \_\_\_\_\_

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69. What is your gender? (Mark all that apply.)

- Male
- Female
- Transgender
- Other (please specify): \_\_\_\_\_

70. Do you have any other comments or suggestions?

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

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