

**SHORT-TERM TRAINING
AND TECHNICAL
ASSISTANCE FEEDBACK
Form**



**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 NHTTACEval@icf.com.

Please provide the information below to create an anonymous ID:

Birth Month
(insert just the month
for your *date of birth*,
example: 08 for August)

First letter of first name
(example: S for Sara)

First letter of your middle name
(example: M for Maria)

T/TA: _____
DATES(S): _____
FACILITATOR(S): _____

Please indicate how well the technical assistance met each stated objective.

OVERALL OBJECTIVES	Poor	Fair	Good	Excellent
1. [Insert objective 1].	1	2	3	4
2. [Insert objective 2].	1	2	3	4
3. [Insert objective 3].	1	2	3	4
4. [Insert objective 4].	1	2	3	4
5. [Insert objective 5].	1	2	3	4

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

FACILITATOR 1: _____	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
6. The facilitator's knowledge and expertise of this presenter were appropriate for this technical assistance.	1	2	3	4	NA
7. The facilitator delivered the content of the technical assistance effectively.	1	2	3	4	NA
8. The facilitator responded well to questions and comments.	1	2	3	4	NA
9. The facilitator created a respectful environment for participants.	1	2	3	4	NA
10. The facilitator encouraged and initiated helpful discussions.	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 NHTTACEval@icf.com or 9300 Lee Highway, Fairfax, VA 22031.

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FACILITATOR 2: _____	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
11. The facilitator's knowledge and expertise of this presenter were appropriate for this technical assistance.	1	2	3	4	NA
12. The facilitator delivered the content of the technical assistance effectively.	1	2	3	4	NA
13. The facilitator responded well to questions and comments.	1	2	3	4	NA
14. The facilitator created a respectful environment for participants.	1	2	3	4	NA
15. The facilitator encouraged and initiated helpful discussions.	1	2	3	4	NA
OVERALL FEEDBACK	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
16. The technical assistance addressed the critical issues related to the topic(s).	1	2	3	4	NA
17. The time allotted was adequate for the scope of material.	1	2	3	4	NA
18. The technical assistance was well organized and clear.	1	2	3	4	NA
19. The technical assistance increased my knowledge related to the topic(s).	1	2	3	4	NA
20. The technical assistance was trauma-informed.	1	2	3	4	NA
21. The technical assistance was survivor-informed.	1	2	3	4	NA
22. The technical assistance was grounded in current evidence-based or promising practices.	1	2	3	4	NA
23. The technical assistance was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA
24. The technical assistance reflected a public health approach to addressing human trafficking.	1	2	3	4	NA
25. The technical assistance increased my practical skills related to the topic(s).	1	2	3	4	NA
26. This technical assistance met my educational needs.	1	2	3	4	NA
27. This technical assistance met my professional needs.	1	2	3	4	NA
28. I will be able to apply what I learned in my work.	1	2	3	4	NA
29. The technical assistance improved my ability to serve people who are currently being trafficked, at risk of trafficking, or have been trafficked.	1	2	3	4	NA
30. I will share what I learned with my colleagues.	1	2	3	4	NA

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Please select the number that best represents your rating of this technical assistance for each of the following questions.

31. How satisfied were you with your overall NHTTAC experience?

1	2	3	4
<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>Satisfied</i>	<i>Very Satisfied</i>

32. Please rate the overall quality of this technical assistance.

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

33. How well did this technical assistance meet your expectations?

1	2	3	4
<i>Far Below My Expectations</i>	<i>Did Not Meet My Expectations</i>	<i>Met My Expectations</i>	<i>Exceeded My Expectations</i>

34. How useful was the technical assistance information to your work?

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

35. How prepared do you feel in implementing what you learned from this technical assistance in your daily work?

1	2	3	4
<i>Not At All Prepared</i>	<i>Somewhat Unprepared</i>	<i>Somewhat Prepared</i>	<i>Very Prepared</i>

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

- | | |
|--|--|
| <input type="checkbox"/> Change my management/leadership or interpersonal communication style | <input type="checkbox"/> Develop/strengthen collaborative or strategic relationships |
| <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"/> Network with other participants |
| <input type="checkbox"/> Write grants/fundraise/identify new funding resources | <input type="checkbox"/> Share materials with colleagues |
| <input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enhance vision, mission, or strategic plan | <input type="checkbox"/> Provide information to clients/families/youth |
| <input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enact policy changes at my organization | <input type="checkbox"/> Train/educate others in content/skills learned |
| <input type="checkbox"/> Improve programs/practices | <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"/> Improve technology/websites/infrastructure | <input type="checkbox"/> Refer colleagues to NHTTAC events/resources |
| <input type="checkbox"/> Integrate victim-centered, survivor-informed strategies | <input type="checkbox"/> Conduct research |
| <input type="checkbox"/> Expand services or types of services | <input type="checkbox"/> Strengthen evaluation or needs assessment activities |
| <input type="checkbox"/> Begin a new project or initiative | <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): _____ |

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37. 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.**)

- | | |
|--|--|
| <input type="checkbox"/> Lack of senior leadership support | <input type="checkbox"/> Difficulty in establishing and/or maintaining a multi-disciplinary team |
| <input type="checkbox"/> Lack of frontline support and accountability | <input type="checkbox"/> Need for partnership building with other organizations |
| <input type="checkbox"/> Continuous turnover | <input type="checkbox"/> Variation in mission and regulatory frameworks when partnering with other organizations |
| <input type="checkbox"/> Shortages of key personnel | <input type="checkbox"/> Lack of information and/or data sharing among organizations |
| <input type="checkbox"/> Competing priorities | <input type="checkbox"/> Lack of time to implement changes |
| <input type="checkbox"/> Inaccessible research and/or information | <input type="checkbox"/> Lack of training for staff in how to implement change |
| <input type="checkbox"/> Lack of urgency | <input type="checkbox"/> Other (please explain): _____ |
| <input type="checkbox"/> Lack of shared responsibility across organizational collaboration | |
| <input type="checkbox"/> Lack of information sharing among organizations | |
| <input type="checkbox"/> Lack of time to implement changes | |

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

39. Please list any professional goals you have achieved through this T/TA.

40. How will this assistance help your agency in responding to human trafficking?

41. What aspects of the assistance were most helpful and why?

42. What could NHTTAC do differently to improve similar T/TA requests in the future?

43. Do you have any other comments or suggestions?

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44. 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 | |

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

- ☐ Yes ☐ No

46. 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"/> Legal (e.g., immigration, civil and/or rights-based attorney and/or paralegal, clinic) |
| <input type="checkbox"/> Child welfare (e.g., state agency staff, child welfare contractor, nonprofit personnel) | <input type="checkbox"/> Public health (e.g., licensure board, health department staff, health care executive, community health workers) |
| <input type="checkbox"/> Corrections-based services (e.g., parole, probation) | <input type="checkbox"/> Social worker (e.g., case manager, school counselor, supervisor, administrator) |
| <input type="checkbox"/> Criminal justice (e.g., law enforcement, prosecutor, probation, court, forensic interviewer) | <input type="checkbox"/> Survivor empowerment, mentoring, or peer-to-peer |
| <input type="checkbox"/> Educator (e.g., teacher, professor, school administrator) | <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): _____ |
| <input type="checkbox"/> Housing (e.g., case worker, shelter director, public housing authority agencies) | |

47. 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

48. 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): _____ | | |

49. In your professional capacity, how frequently do you come into contact with a person who is currently being trafficked, at risk of being trafficked, or has been trafficked?

1	2	3	4
<i>Never</i>	<i>Occasionally</i>	<i>Frequently</i>	<i>Daily</i>

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

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> National | <input type="checkbox"/> Local |
| <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):
_____ | <input type="checkbox"/> Suburban |

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

- | | |
|--|---|
| <input type="checkbox"/> Human trafficking <ul style="list-style-type: none"><input type="checkbox"/> Commercial sexual exploitation of children<input type="checkbox"/> Sex trafficking<ul style="list-style-type: none"><input type="checkbox"/> Adults<input type="checkbox"/> Minors<input type="checkbox"/> Labor trafficking<ul style="list-style-type: none"><input type="checkbox"/> Adults<input type="checkbox"/> Minors | <input type="checkbox"/> Lesbian, gay, bisexual, transgender, and questioning |
| <input type="checkbox"/> Children/youth <ul style="list-style-type: none"><input type="checkbox"/> Out of home/Foster care/Kinship care<input type="checkbox"/> Juvenile justice<input type="checkbox"/> Runaway/Homeless youth | <input type="checkbox"/> Foreign nationals (migrant workers, undocumented immigrants, refugees) |
| <input type="checkbox"/> People with disabilities | <input type="checkbox"/> People with low incomes |
| <input type="checkbox"/> Deaf/Hearing impaired | <input type="checkbox"/> Racial and ethnic minorities <ul style="list-style-type: none"><input type="checkbox"/> American Indian or Alaska Native<input type="checkbox"/> Asian<input type="checkbox"/> Black or African American<input type="checkbox"/> Native Hawaii or other Pacific Islander<input type="checkbox"/> White<input type="checkbox"/> Hispanic or Latino ethnicity |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> History of substance use |
| | <input type="checkbox"/> Domestic and dating violence |
| | <input type="checkbox"/> Gang-related crime |
| | <input type="checkbox"/> Sexual abuse/Violence |
| | <input type="checkbox"/> Other (please specify): _____ |

52. 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): _____

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

- ☐ Hispanic or Latino
- ☐ Middle Eastern or North African
- ☐ Other (please specify): _____

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

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Other (please specify): _____

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

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