

**SURVIVOR FELLOWSHIP
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:

<p>_____</p> <p>Birth Month (insert just the month for your <i>date of birth</i>, example: 08 for August)</p>	<p>_____</p> <p>First letter of first name (example: S for Sara)</p>	<p>_____</p> <p>First letter of your middle name (example: M for Maria)</p>
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Please rate the extent to which to you agree or disagree that the fellowship has helped your organization achieve the following objectives.

FELLOWSHIP OBJECTIVES	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
1. The fellowship increased my leadership skills.	1	2	3	4	NA
2. The fellowship increased my skills and knowledge about survivor-informed practices.	1	2	3	4	NA
3. The fellowship increased my skills and knowledge about current evidence-based research and promising practices.	1	2	3	4	NA
4. The fellowship increased my skills and knowledge about a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA
5. The fellowship increased my skills and knowledge on a public health response to human trafficking.	1	2	3	4	NA
6. The fellowship met my professional needs.	1	2	3	4	NA
7. The fellowship met my educational needs.	1	2	3	4	NA
8. I remained engaged with my partner organization in the fellowship throughout its entirety.	1	2	3	4	NA
9. [insert objective here].	1	2	3	4	NA
10. [insert objective here].	1	2	3	4	NA

11. Please list any other personal goals you have achieved through this fellowship program:

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 15 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.



12. How were you invited to participate in this fellowship?

13. Do you think NHTTAC should do anything differently when selecting people to participate in this fellowship?

Please indicate the extent to which you agree or disagree with the following statements about the Fellowship Activities:

ORGANIZATIONAL AUDIT	Strongly Disagree	Disagree	Agree	Strongly Agree
14. The organization was cooperative during the organizational audit.	1	2	3	4
15. I had the appropriate tools and resources to conduct the organizational audit.	1	2	3	4
16. I had adequate time to collaborate with the organization I was partnered with in this fellowship on the organizational audit.	1	2	3	4
17. The organizational audit helped identify gaps in the organization's service provision to people who are currently being trafficked, at risk of trafficking, or have been trafficked	1	2	3	4
18. [insert objective].	1	2	3	4
19. [insert objective].	1	2	3	4
20. I would recommend keeping the organizational audit as part of future survivor fellowships organized by NHTTAC.	1	2	3	4
ACTION PLAN	Strongly Disagree	Disagree	Agree	Strongly Agree
21. The action plan was developed collaboratively between me and the partner organization.	1	2	3	4
22. My partner organization and I had the appropriate tools and resources to develop the action plan.	1	2	3	4
23. The action plan we developed defined clear roles and responsibilities.	1	2	3	4
24. The action plan we developed accounted for the partner organization's culture and structure.	1	2	3	4
25. The action steps we created were grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4

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26. The action steps we created were grounded in a public health approach to addressing human trafficking.	1	2	3	4
27. The action plan accounts for complex and multiple traumas.	1	2	3	4
28. The action plan we created accounts for all types of trafficking.	1	2	3	4
29. The action plan we created includes action steps to address language and cultural barriers to serving at-risk populations or potential victims of human trafficking.	1	2	3	4
30. I recommend keeping the action plan development as part of future survivor fellowships.	1	2	3	4
CUSTOMIZED T/TA	Strongly Disagree	Disagree	Agree	Strongly Agree
31. NHTTAC supported me with necessary information to enhance the T/TA I provided to the organization.	1	2	3	4
32. The organization was receptive to the recommendations and changes provided through the action plan.	1	2	3	4
33. I had the appropriate tools and resources to provide the organization with customized T/TA.	1	2	3	4
34. I had adequate time to plan for the customized T/TA.	1	2	3	4
35. I had adequate time to provide the customized T/TA.	1	2	3	4
36. The structure of the fellowship was an appropriate way to incorporate and engage survivors.	1	2	3	4

Please indicate the extent to which you agree or disagree with the following statements about your collaboration with the fellow:

ORGANIZATION: _____	Strongly Disagree	Disagree	Agree	Strongly Agree
37. The organization was easy to communicate with throughout fellowship activities.	1	2	3	4
38. The organization responded to me in a timely manner.	1	2	3	4
39. The organization was respectful.	1	2	3	4
40. The organization allotted an appropriate amount of time for me to help make an actionable change at the organization.	1	2	3	4
41. The organization responded in a helpful manner to my questions.	1	2	3	4

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

NHTTAC STAFF: _____	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
42. NHTTAC staff clearly articulated my responsibilities in this fellowship.	1	2	3	4	NA
43. NHTTAC set clear expectations for this fellowship.	1	2	3	4	NA
44. NHTTAC provided me with necessary resources and materials for this fellowship program.	1	2	3	4	NA
45. NHTTAC staff were detail-oriented and thorough in the planning of this fellowship.	1	2	3	4	NA
46. NHTTAC was responsive to my questions and needs.	1	2	3	4	NA
47. NHTTAC provided me with additional information on a public health approach to human trafficking upon request.	1	2	3	4	NA
48. I am satisfied with the overall support provided by NHTTAC staff throughout the fellowship program.	1	2	3	4	NA

49. Is there anything additional NHTTAC could have done to support you during this fellowship?

50. Please rate the overall quality of this fellowship program.

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

51. Overall, how well did this fellowship 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>

52. How satisfied were you with the overall quality of the support you received from NHTTAC staff to help complete this fellowship?

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

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

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54. What are three things you plan to do as a result of this fellowship?

55. Was the format of this fellowship conducive to improving best practices at the organization you partnered with during this fellowship? Why or why not?

56. What aspects of the fellowship were most helpful and why?

57. What could NHTTAC do differently to improve similar fellowships in the future?

58. Do you have any other comments or suggestions?

59. As a result of participating in this fellowship program, 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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60. 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"/> Need for partnership building with other organizations |
| <input type="checkbox"/> Lack of frontline support and accountability | <input type="checkbox"/> Variation in mission and regulatory frameworks when partnering with other organizations |
| <input type="checkbox"/> Continuous turnover | <input type="checkbox"/> Lack of information and/or data sharing among organizations |
| <input type="checkbox"/> Shortages of key personnel | <input type="checkbox"/> Lack of time to implement changes |
| <input type="checkbox"/> Competing priorities | <input type="checkbox"/> Lack of training for staff in how to implement change |
| <input type="checkbox"/> Inaccessible research and/or information | <input type="checkbox"/> Other (please explain): _____ |
| <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 | |

61. Which of the following **best** describes your organization? **(Mark all that apply.)**

- | | |
|--|---|
| <input type="checkbox"/> I do not represent 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: _____ |

62. Which of the following **best** describes the types of services your organization provides? **(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): _____ |

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

- Yes No

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64. Which of the following **best** describes your organization's 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 |

65. Please select any of the following populations does your organization currently work with in a professional capacity (**Mark all that apply.**)

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

66. In your professional capacity, how frequently does your organization 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>

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

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