



Thank you for visiting the National Human Trafficking Training and Technical Assistance Center (NHTTAC) website: <https://www.acf.hhs.gov/otip/training/nhttac>. In order to help 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 <i>date of birth</i> , example: 08 for August)	First letter of first name (example: S for Sara)	First letter of your middle name (example: M for Maria)
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1. How did you find out about the NHTTAC website? **(Mark all that apply.)**

- | | |
|---|--|
| <input type="checkbox"/> An exhibit or presentation at a conference | <input type="checkbox"/> The NHTTAC Call Center |
| <input type="checkbox"/> A link from another website/Searching the Internet | <input type="checkbox"/> A colleague or friend |
| <input type="checkbox"/> A professor | <input type="checkbox"/> A publication or newsletter |
| <input type="checkbox"/> My OTIP Program Monitor or other OTIP staff person | <input type="checkbox"/> Other (please specify): _____ |

2. What was the goal of your visit today? **(Mark all that apply.)**

- | | |
|---|---|
| <input type="checkbox"/> Learn about training or technical assistance opportunities | <input type="checkbox"/> Learn more about survivor fellowship programs |
| <input type="checkbox"/> Request/apply for training or technical assistance | <input type="checkbox"/> Participate in one of the learning communities |
| <input type="checkbox"/> Learn about SOAR trainings | <input type="checkbox"/> Learn about NHTTAC |
| <input type="checkbox"/> Request/apply for SOAR trainings | <input type="checkbox"/> Learn more about OTIP grantees |
| <input type="checkbox"/> Learn/apply for Professional Development Scholarship | <input type="checkbox"/> Request downloadable resources |
| <input type="checkbox"/> Learn about/apply for Organization Scholarship | <input type="checkbox"/> Obtain contact information |
| <input type="checkbox"/> Learn about the National Advisory Committee | <input type="checkbox"/> Sign up for the listserv |
| | <input type="checkbox"/> Other (please specify): _____ |

3. Approximately how many times have you used/visited this site in the past year? **(Mark one.)**

- | | | |
|--|----------------------------------|---|
| <input type="checkbox"/> This is my first time | <input type="checkbox"/> Weekly | <input type="checkbox"/> A few times per year |
| <input type="checkbox"/> Daily | <input type="checkbox"/> Monthly | |

4. Were you familiar with NHTTAC before today's visit?

- Yes
 No

5. Please rate the overall quality of the NHTTAC website.

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

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

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

OVERALL ASSISTANCE	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
7. It is easy to find the information I need on this site.	1	2	3	4	NA
8. The website is user-friendly and I am able to navigate through it with ease.	1	2	3	4	NA
9. The information on this site met my goals/needs.	1	2	3	4	NA
10. I am satisfied with the content of the site.	1	2	3	4	NA
11. The information on the site is trauma-informed.	1	2	3	4	NA
12. The information on the site is survivor-informed.	1	2	3	4	NA
13. The information on the site is grounded in current evidence-based research or promising practices.	1	2	3	4	NA
14. The information on the site is grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA
15. The information on the site reflects a public health approach to addressing human trafficking.	1	2	3	4	NA
16. I am satisfied with the appearance of the site.	1	2	3	4	NA
17. I will return to this site for my training and technical assistance needs.	1	2	3	4	NA
18. I will recommend this site to others.	1	2	3	4	NA

19. What aspects of the website were most helpful, and why?

20. What could be done differently to improve the website?

21. 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
Never	Occasionally	Frequently	All the Time

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

Yes No

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23. 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 | |

24. 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) | |

25. 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

26. 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): _____ | | |

27. 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 |

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28. 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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