

**CONSULTANT
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.

TRAINING/TECHNICAL ASSISTANCE (T/TA): _____
 DATE(S): _____
 NHTTAC COORDINATOR: _____

Please provide the information below to create an anonymous ID:

_____	_____	_____
Birth Month	First letter of first name	First letter of your middle name
(insert just the month for your date of birth: 08 for August)	(example: S for Sara)	(example: M for Maria)

Please indicate the number that best represents your rating for each of the following questions.

1. How satisfied were you with the overall quality of the support you received from NHTTAC staff to complete this T/TA?

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

2. How satisfied were you with your overall experience with NHTTAC staff?

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

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

OVERALL T/TA	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
3. NHTTAC was detail oriented and thorough in the planning of the T/TA.	1	2	3	4	NA
4. NHTTAC was responsive to my questions and needs.	1	2	3	4	NA
5. Discussions with NHTTAC helped me to identify critical issues and understand the needs of participants prior to the T/TA.	1	2	3	4	NA
6. NHTTAC provided me with the necessary information and resources to help me adequately prepare for the T/TA.	1	2	3	4	NA
7. The information developed or provided in the T/TA was based on current evidence-based research or promising practices.	1	2	3	4	NA
8. The time allotted was adequate for the scope of material covered.	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 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.

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9. The information [developed for the T/TA] [provided to the participants] was survivor informed.	1	2	3	4	NA
10. The T/TA was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA
11. The T/TA reflected a public health approach to addressing human trafficking.	1	2	3	4	NA
12. The T/TA was trauma informed.	1	2	3	4	NA

13. What obstacles or challenges, if any, did you encounter in the planning or delivery of this T/TA?

14. In what language was the training delivered? English Spanish

15. How prepared did you feel for the delivery of the training?

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

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

PROFESSIONAL DEVELOPMENT AND EXPERTISE	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
16. NHTTAC respected my perspective about <insert topic>	1	2	3	4	NA
17. This was an appropriate outlet for using my skill sets and knowledge.	1	2	3	4	NA
18. Participating in the T/TA as a consultant enhanced my communication skills.	1	2	3	4	NA
19. Participating in the T/TA strengthened my confidence to consult in future T/TA events.	1	2	3	4	NA
20. As a consultant for NHTTAC, I have improved my leadership competencies.	1	2	3	4	NA
21. As a consultant for NHTTAC, I have more opportunities to collaborate with other professionals in the field.	1	2	3	4	NA
22. Overall, consulting for the T/TA contributed to my professional development.	1	2	3	4	NA

23. Would you recommend others to be a consultant for NHTTAC? Yes No

24. Would you recommend NHTTAC to others who need T/TA? Yes No

25. Do you have any other comments or suggestions about how to improve the NHTTAC's consultant network and/or NHTTAC consulting experience??

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26. What is your NHTTAC consultant category? Survivor Impact Training/Technical Assistance (T/TA) Expert

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

- | | |
|--|---|
| <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"/> Academic institution |
| <input type="checkbox"/> Nonprofit/Community-based organization | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> OTIP grantee | |

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

- Yes No N/A

29. 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) | |

30. 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>

31. Which of the following **best** describes the number of years of experience you have in your current field of work?

- Less than 3 years 3 to 5 years 6 to 10 years More than 10 years

32. 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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33. 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 |

34. 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"/> Foreign nationals (migrant workers, undocumented immigrants, refugees) |
| <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"/> People with low incomes |
| <input type="checkbox"/> People with disabilities | <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"/> Deaf/Hearing impaired | <input type="checkbox"/> History of substance use |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Intimate partner violence (e.g., dating, domestic violence) |
| <input type="checkbox"/> Lesbian, gay, bisexual, transgender, and questioning | <input type="checkbox"/> Gang-related crime |
| | <input type="checkbox"/> Sexual abuse/Violence |
| | <input type="checkbox"/> Other (please specify): _____ |

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

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaii or other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other (please specify): _____ |

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

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

37. 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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