

**FOLLOW-UP  
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 to learn about your experiences since receiving training and technical assistance (T/TA) [insert time frame] ago. 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](mailto:NHTTACEval@icf.com).*

|                |
|----------------|
| T/TA _____     |
| DATE(S): _____ |

**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<br>for your date of birth:<br>08 for August) | (example: S for Sara)      | (example: M for Maria)           |

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

| As a result of [insert T/TA], I have... | Strongly Disagree | Disagree | Agree | Strongly Agree |
|---|-------------------|----------|-------|----------------|
| 1. <Insert learning objective>          | 1                 | 2        | 3     | 4              |
| 2. <Insert learning objective>          | 1                 | 2        | 3     | 4              |
| 3. <Insert learning objective>          | 1                 | 2        | 3     | 4              |
| 4. <Insert learning objective>          | 1                 | 2        | 3     | 4              |
| 5. <Insert learning objective>          | 1                 | 2        | 3     | 4              |

6. As a result of participating in [insert T/TA], have you done any of the following? (Mark all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Changed my management/leadership or interpersonal communication style<br><input type="checkbox"/> Further developed skills and knowledge about serving victims of trafficking<br><input type="checkbox"/> Wrote grants/fundraised/identified new funding resources<br><input type="checkbox"/> Advocated or met with leadership of my organization to develop/enhance vision, mission, or strategic plan<br><input type="checkbox"/> Advocated or met with leadership of my organization to develop/enact policy changes at my organization<br><input type="checkbox"/> Improved programs/practices<br><input type="checkbox"/> Improved technology/websites/infrastructure | <input type="checkbox"/> Integrated victim-centered, survivor-informed strategies<br><input type="checkbox"/> Expanded services or types of services<br><input type="checkbox"/> Began a new project or initiative<br><input type="checkbox"/> Developed/strengthened collaborative or strategic relationships<br><input type="checkbox"/> Networked with other participants<br><input type="checkbox"/> Shared materials with colleagues<br><input type="checkbox"/> Provided information to clients/families/youth<br><input type="checkbox"/> Trained/educated others in content/skills learned<br><input type="checkbox"/> Raised public awareness/advocacy/outreach activities offered to victims<br><input type="checkbox"/> Referred colleagues to NHTTAC events/resources<br><input type="checkbox"/> Conducted research |
|--|--|

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 8 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](mailto:NHTTACEval@icf.com) or 9300 Lee Highway, Fairfax, VA 22031*

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- Strengthened evaluation or needs assessment activities
- Improved identification and reporting methods for trafficking
- Took additional training on human trafficking
- Other (please specify): \_\_\_\_\_

7. Since [insert T/TA], what barriers have you faced in implementing change? (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
- Lack of information and/or data sharing among organizations
- Lack of time to implement changes
- Difficulty in establishing and/or maintaining a multidisciplinary team
- Variation in mission and regulatory frameworks when partnering with other organizations
- Lack of training for staff in how to implement change
- Other (please explain): \_\_\_\_\_

Please indicate the extent to which you have used the following in your daily work

|                                 | Never | Occasionally | Frequently | Daily |
|---------------------------------|-------|--------------|------------|-------|
| 8. <Insert learning objective>  | 1     | 2            | 3          | 4     |
| 9. <Insert learning objective>  | 1     | 2            | 3          | 4     |
| 10. <Insert learning objective> | 1     | 2            | 3          | 4     |
| 11. <Insert learning objective> | 1     | 2            | 3          | 4     |
| 12. <Insert learning objective> | 1     | 2            | 3          | 4     |
| 13. <Insert learning objective> | 1     | 2            | 3          | 4     |
| 14. <Insert learning objective> | 1     | 2            | 3          | 4     |
| 15. <Insert learning objective> | 1     | 2            | 3          | 4     |
| 16. <Insert learning objective> | 1     | 2            | 3          | 4     |

17. Was there anything not provided during [insert T/TA] that would have been helpful in implementing change?

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18. What aspect(s) of [insert T/TA] were most helpful to you?

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19. Would you recommend [NHTTAC][SOAR] T/TA to others?  Yes  No

20. Do you have any additional comments or suggestions for future [NHTTAC][SOAR]-related T/TA?

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

- Yes    No

22. In your professional capacity, how frequently do you come into contact with a person who is 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][SOAR] activities.***

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