

**REQUESTER
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.

REQUESTER NAME/AGENCY: _____
CONSULTANT(S)/PRESENTER(S): _____
NHTTAC TRAINING/TECHNICAL ASSISTANCE SPECIALIST: _____

1. Please select the type of training and technical assistance (T/TA) you requested:

- | | |
|---|--|
| <input type="checkbox"/> Needs assessment
<input type="checkbox"/> Organization audit
<input type="checkbox"/> SOAR for communities
<input type="checkbox"/> In-person SOAR training
<input type="checkbox"/> In-person training
<input type="checkbox"/> Peer-to-peer collaboration
<input type="checkbox"/> Coaching
<input type="checkbox"/> Mentorship | <input type="checkbox"/> Review of materials (e.g., protocols, screening forms, etc.)
<input type="checkbox"/> Remote training
<input type="checkbox"/> Training of trainers
<input type="checkbox"/> SOAR training for HHS personnel
<input type="checkbox"/> Strategic partnerships for SOAR <i>Online</i>
<input type="checkbox"/> Other (please specify): _____ |
|---|--|

Please indicate the extent to which you were satisfied or not satisfied with your overall experience working with NHTTAC:

	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied
2. The overall quality of the support you received from NHTTAC staff	1	2	3	4
3. Your overall experience with NHTTAC staff	1	2	3	4
4. Your interactions with NHTTAC staff	1	2	3	4
5. Your interactions with the consultants	1	2	3	4
6. The quality of support you received from NHTTAC staff during the needs assessment process	1	2	3	4
7. The quality of support you received from the consultants in implementing the T/TA	1	2	3	4

Please indicate the extent to which you agree or disagree with the following statements about your interactions with NHTTAC staff and the planning process:

PLANNING	Strongly Disagree	Disagree	Agree	Strongly Agree
8. NHTTAC was responsive to my questions and needs.	1	2	3	4
9. NHTTAC was effective in identifying an appropriate consultant/presenter.	1	2	3	4
10. NHTTAC staff was detail oriented and thorough in the planning of this T/TA.	1	2	3	4

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 7 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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11. NHTTAC was timely throughout the planning process.	1	2	3	4
NEEDS ASSESSMENT	Strongly Disagree	Disagree	Agree	Strongly Agree
12. NHTTAC helped me determine the most important needs are for [me][my organization] to address human trafficking.	1	2	3	4
13. NHTTAC helped me determine the most important needs are for [me][my organization] to <insert objective>.	1	2	3	4
14. NHTTAC helped me determine the most important needs are for [me][my organization] to <insert objective>.	1	2	3	4
15. As a result of the needs assessment, [I][my organization] can....	1	2	3	4
16. As a result of the needs assessment, [I][my organization] can....	1	2	3	4
17. As a result of the needs assessment, [I][my organization] can....	1	2	3	4

18. What aspects of the NHTTAC planning process were most helpful, and why?

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

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

CONSULTANT 1: _____	Strongly Disagree	Disagree	Agree	Strongly Agree
20. The consultant was easy to communicate with in planning for the T/TA.	1	2	3	4
21. The consultant responded to me in a timely manner.	1	2	3	4
22. The consultant was respectful.	1	2	3	4
23. The consultant's knowledge and expertise were appropriate for my needs.	1	2	3	4
CONSULTANT 2: _____	Strongly Disagree	Disagree	Agree	Strongly Agree
24. The consultant was easy to communicate with in planning for the T/TA.	1	2	3	4
25. The consultant responded to me in a timely manner.	1	2	3	4
26. The consultant was respectful.	1	2	3	4
27. The consultant's knowledge and expertise were appropriate for my needs.	1	2	3	4

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

29. What suggestions do you have for improving NHTTAC's support of T/TA planning and/or delivery?

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30. What additional needs do you or your organization have regarding this topic?

31. 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 | |

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

- Yes No

33. 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) | |

34. 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>

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

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

36. Which of the following **best** describes your primary role in your current position?

- Direct delivery/Frontline staff Consultant/Trainer Administration

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- Management Volunteer Peer Educator
 Other (please specify): _____

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

- National Local
 State (please specify): _____ Urban
 Tribal Rural
 International (please specify country):
_____ Suburban

38. 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
 Intimate partner violence (e.g., dating, domestic violence)
 Gang-related crime
 Sexual abuse/Violence
 Other (please specify): _____

39. Do you have any other comments or suggestions you would like to share about your [NHTTAC][SOAR] experience?

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

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