

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.

PRE-TRAINING EVALUATION QUESTIONS:

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

[Note: Not all objectives listed below will be included in the evaluation form. Specific objectives will be selected from this list and tailored to each training.]

Please rate your level of confidence in your ability to:

Overall Objectives	Very Low	Low	High	Very High
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
STOP Objectives	Very Low	Low	High	Very High
5. <Insert learning objective>	1	2	3	4
6. <Insert learning objective>	1	2	3	4
7. <Insert learning objective>	1	2	3	4
8. <Insert learning objective>	1	2	3	4
9. <Insert learning objective>	1	2	3	4
10. <Insert learning objective>	1	2	3	4
OBSERVE Objectives	Very Low	Low	High	Very High
11. <Insert learning objective>	1	2	3	4
12. <Insert learning objective>	1	2	3	4
13. <Insert learning objective>	1	2	3	4
ASK Objectives	Very Low	Low	High	Very High
14. <Insert learning objective>	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 1 minute. 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.

15. <Insert learning objective>	1	2	3	4
16. <Insert learning objective>	1	2	3	4
RESPOND Objectives	Very Low	Low	High	Very High
17. <Insert learning objective>	1	2	3	4
18. <Insert learning objective>	1	2	3	4
19. <Insert learning objective>	1	2	3	4
20. <Insert learning objective>	1	2	3	4
21. <Insert learning objective>	1	2	3	4
22. <Insert learning objective>	1	2	3	4

23. 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
<i>Never</i>	<i>Occasionally</i>	<i>Frequently</i>	<i>Daily</i>

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SOAR ONLINE
PARTICIPANT FEEDBACK
Long Form



OMB Control Number: 0970-0519
Expiration Date: 10/31/2021

POST-TRAINING QUESTIONS:

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

[Note: Objectives selected for the posttest will mirror the objectives selected for the pretest].

Please rate your level of confidence in your ability to:

Overall Objectives	Very Low	Low	High	Very High
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
STOP Objectives	Very Low	Low	High	Very High
6. <Insert learning objective>	1	2	3	4
7. <Insert learning objective>	1	2	3	4
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
OBSERVE Objectives	Very Low	Low	High	Very High
12. <Insert learning objective>	1	2	3	4
13. <Insert learning objective>	1	2	3	4
14. <Insert learning objective>	1	2	3	4
ASK Objectives	Very Low	Low	High	Very High
15. <Insert learning objective>	1	2	3	4
16. <Insert learning objective>	1	2	3	4
17. <Insert learning objective>	1	2	3	4
RESPOND Objectives	Very Low	Low	High	Very High
18. <Insert learning objective>	1	2	3	4

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**SOAR ONLINE
PARTICIPANT FEEDBACK
Long Form**



Stop. Observe. Ask. Respond to Human Trafficking
A Training for Health Care and Social Service Providers

**OMB Control Number: 0970-0519
Expiration Date: 10/31/2021**

19. <Insert learning objective>	1	2	3	4
20. <Insert learning objective>	1	2	3	4
21. <Insert learning objective>	1	2	3	4
22. <Insert learning objective>	1	2	3	4
23. <Insert learning objective>	1	2	3	4

24. Are you applying for continuing education credits for completing this training? Yes No

If yes, please provide your first and last name and email address:

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

	Strongly Disagree	Disagree	Agree	Strongly Agree
25. I am confident that I will be able to use the knowledge and skills I learned during SOAR training when I return to my job.	1	2	3	4
26. The training met my educational needs.	1	2	3	4
27. The training met my professional needs.	1	2	3	4
28. The educational materials provided during this training were useful.	1	2	3	4
29. The use of technology provided a good learning environment.	1	2	3	4
30. The training included current evidence-based research or promising practices.	1	2	3	4
31. I learned a great deal as a result of this training.	1	2	3	4
32. The training was survivor informed.	1	2	3	4
33. The training was trauma informed.	1	2	3	4
34. The training was based on current evidence-based research or promising practices.	1	2	3	4
35. The training was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4
36. The training reflected a public health approach to addressing human trafficking.	1	2	3	4

37. Please rate the overall quality of this training.

1	2	3	4
Poor	Fair	Good	Excellent

38. As a result of participating in the SOAR training, do you plan to do any of the following? **(Mark all that apply.)**

- Change my management/leadership or interpersonal communication style
- Further develop skills and knowledge about serving victims of trafficking

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- | | |
|--|---|
| <input type="checkbox"/> Write grants/fundraise/identified new funding resources | <input type="checkbox"/> Network with other participants |
| <input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enhance vision, mission, or strategic plan | <input type="checkbox"/> Share materials with colleagues |
| <input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enact policy changes at my organization | <input type="checkbox"/> Provide information to clients/families/youth |
| <input type="checkbox"/> Improve programs/practices | <input type="checkbox"/> Train/educate others in content/skills learned |
| <input type="checkbox"/> Improve technology/websites/infrastructure | <input type="checkbox"/> Raise public awareness/advocacy/outreach activities offered to victims |
| <input type="checkbox"/> Integrate victim-centered, survivor-informed strategies | <input type="checkbox"/> Refer colleagues to NHTTAC events/resources |
| <input type="checkbox"/> Expand services or types of services | <input type="checkbox"/> Conduct research |
| <input type="checkbox"/> Begin a new project or initiative | <input type="checkbox"/> Strengthen evaluation or needs assessment activities |
| <input type="checkbox"/> Develop/strengthen collaborative or strategic relationships | <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): _____ |

39. 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"/> Difficulty in establishing and/or maintaining a multidisciplinary team |
| <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 | |

40. What suggestions do you have for improving future trainings?

41. Would you recommend this SOAR training to others? Yes No

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

- | | |
|--|---|
| <input type="checkbox"/> Academic institution | <input type="checkbox"/> State/local government |
| <input type="checkbox"/> Anti-trafficking organization | <input type="checkbox"/> Nonprofit/community-based organization |
| <input type="checkbox"/> Business/for-profit organization | <input type="checkbox"/> OTIP grantee |
| <input type="checkbox"/> Coalition/multidisciplinary team/task force | <input type="checkbox"/> Self-employed |
| <input type="checkbox"/> Federal government | <input type="checkbox"/> Survivor-led organization |
| <input type="checkbox"/> Faith-based organization | <input type="checkbox"/> Tribal government |

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- Union/worker advocacy organization
- Victim service provider
- Other (please specify): _____

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

- Yes
- No

44. Which of the following **best** describes your professional capacity or types of services you provide? (**Mark all that apply.**)

- Behavioral health professional (e.g., psychologist, psychiatrist, mental health/substance use counselor)
- Child welfare (e.g., state agency staff, child welfare contractor, nonprofit personnel)
- Corrections-based services (e.g., parole, probation)
- Criminal justice (e.g., law enforcement, prosecutor, probation, court, forensic interviewer)
- Educator (e.g., teacher, professor, school administrator)
- Health care (e.g., physician, physician assistant, nurse practitioner, dentist, nurse, pharmacist)
- Housing (e.g., case worker, shelter director, public housing authority agencies)
- Legal (e.g., immigration, civil and/or rights-based attorney and/or paralegal, clinic)
- Public health (e.g., licensure board, health department staff, health care executive, community health workers)
- Social worker (e.g., case manager, school counselor, supervisor, administrator)
- Survivor empowerment, mentoring, or peer to peer
- Violence prevention (e.g., child abuse and neglect, elder abuse, domestic violence, sexual violence, youth violence)
- Other (please specify): _____

45. 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>

46. 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

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

- Direct delivery/Frontline staff
- Management
- Other (please specify): _____
- Consultant/trainer
- Volunteer
- Administration
- Peer educator

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

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

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49. Please select any of the following populations you 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"/> Intimate partner violence (e.g., dating, domestic 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 | |

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

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaii or other Pacific Islander
- White
- Other (please specify): _____

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

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

52. 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 SOAR activities.

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