



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.

WEBINAR: _____
DATE(S): _____
PRESENTER(S): _____

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

OVERALL WEBINAR	Strongly Disagree	Disagree	Agree	Strongly Agree
1. As a result of this webinar, I <insert learning objective>	1	2	3	4
2. As a result of this webinar, I <insert learning objective>	1	2	3	4
3. As a result of this webinar, I <insert learning objective>	1	2	3	4
4. As a result of this webinar, I <insert learning objective>	1	2	3	4
5. As a result of this webinar, I <insert learning objective>	1	2	3	4
6. The webinar addressed the critical issues related to the topic(s).	1	2	3	4
7. The time allotted was adequate for the scope of material covered.	1	2	3	4
8. The webinar was organized and clear.	1	2	3	4
9. The webinar included information on current evidence-based research or promising practices.	1	2	3	4
10. The webinar content was survivor informed.	1	2	3	4
11. The webinar content was trauma informed.	1	2	3	4
12. The webinar content reflected a public health approach to addressing human trafficking.	1	2	3	4
PRESENTER 1: _____	Strongly Disagree	Disagree	Agree	Strongly Agree
13. The presenter's knowledge and expertise were appropriate for this webinar.	1	2	3	4
14. The presenter engaged and interacted with the audience.	1	2	3	4
15. The presenter created a respectful environment for participants.	1	2	3	4
PRESENTER 2: _____	Strongly Disagree	Disagree	Agree	Strongly Agree
16. The presenter's knowledge and expertise were appropriate for this webinar.	1	2	3	4
17. The presenter engaged and interacted with the audience.	1	2	3	4
18. The presenter created a respectful environment for participants.	1	2	3	4

19. Please rate the overall quality of this webinar.

1	2	3	4
Poor	Fair	Good	Excellent

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 4 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.



20. How useful was the webinar information to your work?

1	2	3	4
<i>Not Useful</i>	<i>Somewhat Useful</i>	<i>Useful</i>	<i>Very Useful</i>

21. What additional topics related to human trafficking would you like included in future webinars?

[Note: Questions 22–24 are only asked for evaluations of the Emerging Issues webinar series.]

22. There are a total of <insert number> webinars in the Emerging Issues series. Please check the webinars you attended from the following list:

- | | |
|---|--|
| <input type="checkbox"/> <Insert webinar 1 title> | <input type="checkbox"/> <Insert webinar 6 title> |
| <input type="checkbox"/> <Insert webinar 2 title> | <input type="checkbox"/> <Insert webinar 7 title> |
| <input type="checkbox"/> <Insert webinar 3 title> | <input type="checkbox"/> <Insert webinar 8 title> |
| <input type="checkbox"/> <Insert webinar 4 title> | <input type="checkbox"/> <Insert webinar 9 title> |
| <input type="checkbox"/> <Insert webinar 5 title> | <input type="checkbox"/> <Insert webinar 10 title> |

23. Please rate the overall quality of the webinars you selected in the previous question.

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

24. How well did the content in each webinar you selected complement each other?

1	2	3	4
<i>Not At All</i>	<i>Not Well</i>	<i>Well</i>	<i>Very Well</i>

25. Would you recommend NHTTAC to others who need training or technical assistance? Yes No

26. 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"/> Housing (e.g., case worker, shelter director, public housing authority agencies) |
| <input type="checkbox"/> Child welfare (e.g., state agency staff, child welfare contractor, nonprofit personnel) | <input type="checkbox"/> Legal (e.g., immigration, civil and/or rights-based attorney and/or paralegal, clinic) |
| <input type="checkbox"/> Corrections-based services (e.g., parole, probation) | <input type="checkbox"/> Public health (e.g., licensure board, health department staff, health care executive, community health workers) |
| <input type="checkbox"/> Criminal justice (e.g., law enforcement, prosecutor, probation, court, forensic interviewer) | <input type="checkbox"/> Social worker (e.g., case manager, school counselor, supervisor, administrator) |
| <input type="checkbox"/> Educator (e.g., teacher, professor, school administrator) | <input type="checkbox"/> Survivor empowerment, mentoring, or peer to peer |
| <input type="checkbox"/> Health care (e.g., physician, physician assistant, nurse practitioner, dentist, nurse, pharmacist) | <input type="checkbox"/> Other (please specify): |

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 4 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.



27. 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

28. 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
Never	Occasionally	Frequently	Daily

29. 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): _____

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

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 4 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.