

**SOAR ONLINE
PARTICIPANT FEEDBACK
Short Form**



**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.

PRE-TRAINING EVALUATION QUESTIONS:

Please provide the information below to create an anonymous ID:

<p>_____</p> <p>Birth Month (insert just the month for your <i>date of birth</i>: 08 for August)</p>	<p>_____</p> <p>First letter of first name (example: S for Sara)</p>	<p>_____</p> <p>First letter of your middle name (example: M for Maria)</p>
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[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
5. <Insert learning objective>	1	2	3	4
6. <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 less than 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.

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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

6. Please rate the overall quality of this training.

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

7. 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/local government | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Nonprofit/community-based organization | |

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

- Yes No

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

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- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Behavioral health professional (e.g., psychologist, psychiatrist, mental health/substance use counselor) <input type="checkbox"/> Child welfare (e.g., state agency staff, child welfare contractor, nonprofit personnel) <input type="checkbox"/> Corrections-based services (e.g., parole, probation) <input type="checkbox"/> Criminal justice (e.g., law enforcement, prosecutor, probation, court, forensic interviewer) <input type="checkbox"/> Educator (e.g., teacher, professor, school administrator) <input type="checkbox"/> Health care (e.g., physician, physician assistant, nurse practitioner, dentist, nurse, pharmacist) <input type="checkbox"/> Housing (e.g., case worker, shelter director, public housing authority agencies) | <ul style="list-style-type: none"> <input type="checkbox"/> Legal (e.g., immigration, civil and/or rights-based attorney and/or paralegal, clinic) <input type="checkbox"/> Public health (e.g., licensure board, health department staff, health care executive, community health workers) <input type="checkbox"/> Social worker (e.g., case manager, school counselor, supervisor, administrator) <input type="checkbox"/> Survivor empowerment, mentoring, or peer to peer <input type="checkbox"/> Violence prevention (e.g., child abuse and neglect, elder abuse, domestic violence, sexual violence, youth violence) <input type="checkbox"/> Other (please specify):
_____ |
|---|---|

10. 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>

11. 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

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

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

13. 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 |

14. 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"/> Adults |
| <input type="checkbox"/> Commercial sexual exploitation of children | <input type="checkbox"/> Minors |
| <input type="checkbox"/> Sex trafficking | <input type="checkbox"/> Children/youth |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Out of home/Foster care/Kinship care |
| <input type="checkbox"/> Minors | <input type="checkbox"/> Juvenile justice |
| <input type="checkbox"/> Labor trafficking | <input type="checkbox"/> Runaway/Homeless youth |

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- | | |
|---|--|
| <input type="checkbox"/> People with disabilities | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Deaf/Hearing impaired | <input type="checkbox"/> Native Hawaii or other Pacific Islander |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> White |
| <input type="checkbox"/> Lesbian, gay, bisexual, transgender, and questioning | <input type="checkbox"/> Hispanic or Latino ethnicity |
| <input type="checkbox"/> Foreign nationals (migrant workers, undocumented immigrants, refugees) | <input type="checkbox"/> History of substance use |
| <input type="checkbox"/> People with low incomes | <input type="checkbox"/> Intimate partner violence (e.g., dating, domestic violence) |
| <input type="checkbox"/> Racial and ethnic minorities | <input type="checkbox"/> Gang-related crime |
| <input type="checkbox"/> <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Sexual abuse/Violence |
| <input type="checkbox"/> <input type="checkbox"/> Asian | <input type="checkbox"/> Other (please specify): _____ |

15. 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): _____

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

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

17. 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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