



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.

Please provide the information below to create an anonymous ID:

Birth Month (insert just the month for your *date of birth*, example: 08 for August) First letter of first name (example: S for Sara) First letter of your middle name (example: M for Maria)

Part I: NHTTAC Scholarship Program

1. How did you hear about this NHTTAC Scholarship Program? **(Mark all that apply.)**
 - NHTTAC Website
 - Another organization
 - Exhibit or presentation at a conference
 - A colleague or friend
 - NHTTAC listserv
 - A publication or newsletter
 - OTIP program monitor or other OTIP staff person
 - Other (please specify): _____
2. What month and year did you apply? _____
3. Would you recommend the NHTTAC Organizational Scholarship to others? Yes No

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

APPLICATION PROCESS	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
4. NHTTAC was responsive to my questions and needs.	1	2	3	4	NA
5. The application was easy to complete.	1	2	3	4	NA
6. The application instructions clearly explained the eligibility requirements.	1	2	3	4	NA
7. The application instructions clearly explained the expenses covered under the program.	1	2	3	4	NA
8. I am satisfied with the notification process.	1	2	3	4	NA
9. I am satisfied with the overall application process by NHTTAC.	1	2	3	4	NA

10. What could be done differently to improve the application process?

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 10 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.



11. Do you have any other comments or suggestions?

Part II: Event Feedback

12. Please provide the following information about the event you were awarded funds to attend:

Event title: _____

Date(s): _____ **Location:** _____

Event Description: _____

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

EVENT FEEDBACK	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
13. The event increased my knowledge related to the topic(s).	1	2	3	4	NA
14. The information presented in the event was grounded in current evidence-based research or promising practices.	1	2	3	4	NA
15. The information presented in the event was trauma-informed.	1	2	3	4	NA
16. The information presented in the event was survivor-informed.	1	2	3	4	NA
17. The information presented in the event was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA
18. The information provided in the event reflected a public health approach to addressing human trafficking.	1	2	3	4	NA
19. The event improved my ability to serve people who are currently being trafficked, at risk of trafficking, or have been trafficked.	1	2	3	4	NA
20. The education materials provided for this event were useful.	1	2	3	4	NA
21. The event increased my practical skills related to the topic(s).	1	2	3	4	NA
22. The event met my professional needs.	1	2	3	4	NA
23. The event met my educational needs.	1	2	3	4	NA
24. I will be able to apply what I learned in my work.	1	2	3	4	NA

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 10 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.



25. Please rate the overall quality of this scholarship program.

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

26. As a result of participating in this scholarship program, do you plan to do any of the following? **(Mark all that apply.)**

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Change my management/leadership or interpersonal communication style <input type="checkbox"/> Further develop skills and knowledge about serving people who are currently being trafficked, at risk of trafficking, or have been trafficked <input type="checkbox"/> Write grants/fundraise/identify new funding resources <input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enhance vision, mission, or strategic plan <input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enact policy changes at my organization <input type="checkbox"/> Improve programs/practices <input type="checkbox"/> Improve technology/websites/infrastructure <input type="checkbox"/> Integrate victim-centered, survivor-informed strategies <input type="checkbox"/> Expand services or types of services <input type="checkbox"/> Begin a new project or initiative | <ul style="list-style-type: none"> <input type="checkbox"/> Develop/strengthen collaborative or strategic relationships <input type="checkbox"/> Network with other participants <input type="checkbox"/> Share materials with colleagues <input type="checkbox"/> Provide information to clients/families/youth <input type="checkbox"/> Train/educate others in content/skills learned <input type="checkbox"/> Raise public awareness/advocacy/outreach activities offered to people who are currently being trafficked, at risk of trafficking, or have been trafficked <input type="checkbox"/> Refer colleagues to NHTTAC events/resources <input type="checkbox"/> Conduct research <input type="checkbox"/> Strengthen evaluation or needs assessment activities <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): _____ |
|---|--|

27. 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.)**

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Lack of senior leadership support <input type="checkbox"/> Lack of frontline support and accountability <input type="checkbox"/> Continuous turnover <input type="checkbox"/> Shortages of key personnel <input type="checkbox"/> Competing priorities <input type="checkbox"/> Inaccessible research and/or information <input type="checkbox"/> Lack of urgency <input type="checkbox"/> Lack of shared responsibility across organizational collaboration <input type="checkbox"/> Difficulty in establishing and/or maintaining a multi-disciplinary team | <ul style="list-style-type: none"> <input type="checkbox"/> Need for partnership building with other organizations <input type="checkbox"/> Variation in mission and regulatory frameworks when partnering with other organizations <input type="checkbox"/> Lack of information and/or data sharing among organizations <input type="checkbox"/> Lack of time to implement changes <input type="checkbox"/> Lack of training for staff in how to implement change <input type="checkbox"/> Other (please explain): _____ |
|--|---|

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

- Yes No

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

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Academic institution <input type="checkbox"/> Anti-trafficking organization <input type="checkbox"/> Business/For-profit organization <input type="checkbox"/> Coalition/Multidisciplinary team/Task force | <ul style="list-style-type: none"> <input type="checkbox"/> Federal government <input type="checkbox"/> Faith-based organization <input type="checkbox"/> State and local government <input type="checkbox"/> Nonprofit/Community-based organization |
|--|--|

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 10 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.



- | | |
|--|---|
| <input type="checkbox"/> OTIP grantee | <input type="checkbox"/> Union/Worker advocacy organization |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> Victim service provider |
| <input type="checkbox"/> Survivor-led organization | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> Tribal government | |

30. 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) | |

31. Which of the following **best** describes the number of years of experience you have in your current field of work? (**Mark one.**)

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

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Direct Delivery/frontline staff | <input type="checkbox"/> Consultant/Trainer | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Management | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Peer Educator |
| <input type="checkbox"/> Other (please specify): _____ | | |

33. In your professional capacity, how frequently do you come into contact with people who are currently being trafficked, at risk of trafficking, or have been trafficked?

1	2	3	4
<i>Never</i>	<i>Rarely</i>	<i>Frequently</i>	<i>All the Time</i>

34. 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 |

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 10 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.



35. 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
- Domestic and dating violence
- Gang-related crime
- Sexual abuse/Violence
- Other (Please specify): _____

36. 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): _____

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

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

38. 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 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 10 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.

**OTIP GRANTEE
FEEDBACK
Protocol**



NATIONAL HUMAN TRAFFICKING TRAINING AND TECHNICAL ASSISTANCE CENTER OMB Control Number: 0970-XXXX
Expiration Date: XX/XX/XXXX

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.

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*,
example: 08 for August)

EVENT: _____
DATES(S): _____
FACILITATOR(S): _____

Please select the number that best represents your rating for each session and objective:

SESSION FEEDBACK	Poor	Fair	Good	Excellent	Not Applicable
1. [Insert Session].	1	2	3	4	NA
2. [Insert Session].	1	2	3	4	NA
3. [Insert Session].	1	2	3	4	NA
4. [Insert Session].	1	2	3	4	NA
5. [Insert Session].	1	2	3	4	NA
6. [Insert Session].	1	2	3	4	NA
7. [Insert Session].	1	2	3	4	NA
OBJECTIVE FEEDBACK	Poor	Fair	Good	Excellent	Not Applicable
8. [Insert Objective 1].	1	2	3	4	NA
9. [Insert Objective 2].	1	2	3	4	NA
10. [Insert Objective 3].	1	2	3	4	NA

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 10 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.



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

FACILITATOR 1: _____	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
11. The facilitator’s knowledge and expertise were appropriate for the meeting.	1	2	3	4	NA
12. The facilitator presented the content clearly and logically.	1	2	3	4	NA
13. The facilitator responded positively to questions and comments.	1	2	3	4	NA
14. The facilitator created a respectful environment for participants.	1	2	3	4	NA
15. The facilitator encouraged and initiated helpful discussions.	1	2	3	4	NA
FACILITATOR 2: _____	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
16. The facilitator’s knowledge and expertise were appropriate for the meeting.	1	2	3	4	NA
17. The facilitator presented the content clearly and logically.	1	2	3	4	NA
18. The facilitator responded positively to questions and comments.	1	2	3	4	NA
19. The facilitator created a respectful environment for participants.	1	2	3	4	NA
20. The facilitator encouraged and initiated helpful discussions.	1	2	3	4	NA
EVENT FEEDBACK	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
21. The meeting was organized and clear.	1	2	3	4	NA
22. The meeting content was trauma-informed.	1	2	3	4	NA
23. The meeting content was survivor-informed.	1	2	3	4	NA
24. The meeting content was grounded in evidence-based research or promising practices.	1	2	3	4	NA
25. The meeting content was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA
26. The meeting content reflected a public health approach to addressing human trafficking.	1	2	3	4	NA
27. The meeting provided ample opportunity and encouragement for participants to meaningfully interact with each other.	1	2	3	4	NA

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 10 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.

**OTIP GRANTEE
FEEDBACK
Protocol**



28. The time allotted was appropriate for completing all agenda items.	1	2	3	4	NA
29. The meeting met my professional needs.	1	2	3	4	NA
30. The meeting met my educational needs.	1	2	3	4	NA
31. Overall, this was an effective way to support the content and purpose of the meeting.	1	2	3	4	NA
32. NHTTAC staff effectively responded to any obstacles or challenges.	1	2	3	4	NA

Please select the number that best represents your rating for this event for each of the following questions:

33. Please rate the overall quality of this meeting.

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

34. How useful was this meeting to your work?

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

35. In your professional capacity, how frequently do you come into contact with people who are currently being trafficked, at risk of trafficking, or have been trafficked?

1	2	3	4
<i>Never</i>	<i>Occasionally</i>	<i>Frequently</i>	<i>All the Time</i>

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

Yes No

Please rate the following registration, premeeting service, and logistical arrangements using the following scale:

LOGISTICS	Poor	Fair	Good	Excellent	Not Applicable
37. Meeting registration	1	2	3	4	NA
38. Onsite registration check-in process	1	2	3	4	NA
39. Attendee meeting packet	1	2	3	4	NA
40. Meeting direction signs	1	2	3	4	NA
41. Conference meeting room	1	2	3	4	NA
42. Travel information (if applicable)	1	2	3	4	NA

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 10 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.



43. Hotel accommodations (if applicable)	1	2	3	4	NA
--	---	---	---	---	----

44. As a result of participating in this meeting, do you plan to do any of the following? **(Mark all that apply.)**

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Change my management/leadership or interpersonal communication style <input type="checkbox"/> Further develop skills and knowledge about serving people who are currently being trafficked, at risk of trafficking, or have been trafficked <input type="checkbox"/> Write grants/fundraise/identify new funding resources <input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enhance vision, mission, or strategic plan <input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enact policy changes at my organization <input type="checkbox"/> Improve programs/practices <input type="checkbox"/> Improve technology/websites/infrastructure <input type="checkbox"/> Integrate victim-centered, survivor-informed strategies <input type="checkbox"/> Expand services or types of services <input type="checkbox"/> Begin a new project or initiative | <ul style="list-style-type: none"> <input type="checkbox"/> Develop/strengthen collaborative or strategic relationships <input type="checkbox"/> Network with other participants <input type="checkbox"/> Share materials with colleagues <input type="checkbox"/> Provide information to clients/families/youth <input type="checkbox"/> Train/educate others in content/skills learned <input type="checkbox"/> Raise public awareness/advocacy/outreach activities offered to people who are currently being trafficked, at risk of trafficking, or have been trafficked <input type="checkbox"/> Refer colleagues to NHTTAC events/resources <input type="checkbox"/> Conduct research <input type="checkbox"/> Strengthen evaluation or needs assessment activities <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): _____ |
|---|--|

45. 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.)**

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Lack of senior leadership support <input type="checkbox"/> Lack of frontline support and accountability <input type="checkbox"/> Continuous turnover <input type="checkbox"/> Shortages of key personnel <input type="checkbox"/> Competing priorities <input type="checkbox"/> Inaccessible research and/or information <input type="checkbox"/> Lack of urgency <input type="checkbox"/> Lack of shared responsibility across organizational collaboration <input type="checkbox"/> Difficulty in establishing and/or maintaining a multi-disciplinary team | <ul style="list-style-type: none"> <input type="checkbox"/> Need for partnership building with other organizations <input type="checkbox"/> Variation in mission and regulatory frameworks when partnering with other organizations <input type="checkbox"/> Lack of information and/or data sharing among organizations <input type="checkbox"/> Lack of time to implement changes <input type="checkbox"/> Lack of training for staff in how to implement change <input type="checkbox"/> Other (please explain): _____ |
|--|---|

46. Would you recommend NHTTAC to others for T/TA? Yes No

47. What could NHTTAC have done differently to better support the objectives of this meeting?

48. What was most helpful about this meeting and why?

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 10 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.

**OTIP GRANTEE
FEEDBACK
Protocol**



NATIONAL HUMAN TRAFFICKING TRAINING AND TECHNICAL ASSISTANCE CENTER OMB Control Number: 0970-XXXX
Expiration Date: XX/XX/XXXX

49. Are there any topics you would like to learn more about next time?

50. Do you have any other comments or suggestions?

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 10 minutes. If you have comments please write to the NHTTAC Evaluation Team at NHTTACEval@icf.com or 9300 Lee Highway, Fairfax, VA 22031.

**SOAR ORGANIZATIONAL
LMS FEEDBACK FORM**



**OMB Control Number: 0970-XXXX
Expiration Date: XX/XX/XXXX**

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.

Agency: _____

1. Which of the following **best** describes the reason your organization incorporated SOAR training into its learning management system (LMS)? **(Mark one.)**
 - To better provide services to victims/at-risk populations
 - For use in program development/operations
 - For education/community outreach
 - To train staff/faculty/victim service providers
 - To address a training mandate
 - Other (please specify): _____
2. In the past year, approximately how many employees at your organization took the SOAR training? _____
3. In the past year, approximately how many employees worked at your organization? _____
4. How was the LMS training disseminated in the organization? Optional Mandatory
5. Was it required for nonmanagement personnel? Yes No
6. Was it required for management? Yes No
7. Does your organization have a current policy for when a person who is currently being trafficked, at risk of trafficking, or has been trafficked receives services about:

<input type="checkbox"/> Screening	<input type="checkbox"/> <Insert content>
<input type="checkbox"/> Referrals	<input type="checkbox"/> <Insert content>
<input type="checkbox"/> Reporting	<input type="checkbox"/> <Insert content>
8. In the past year, have you changed your policies for when a person who is currently being trafficked, at risk of trafficking, or has been trafficked receives services about:

<input type="checkbox"/> Screening	<input type="checkbox"/> <Insert content>
<input type="checkbox"/> Referrals	<input type="checkbox"/> <Insert content>
<input type="checkbox"/> Reporting	<input type="checkbox"/> <Insert content>

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

CONTENT	Strongly Disagree	Disagree	Agree	Strongly Agree
9. The training content was applicable to our organization.	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 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 or 9300 Lee Highway, Fairfax, VA 22031.

**SOAR ORGANIZATIONAL
LMS FEEDBACK FORM**



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

**OMB Control Number: 0970-XXXX
Expiration Date: XX/XX/XXXX**

10. The training content helped our organization improve its efforts to prevent human trafficking.	1	2	3	4
11. The training content helped our organization improve its efforts to identify human trafficking.	1	2	3	4
12. The training content helped our organization improve its efforts to respond to human trafficking.	1	2	3	4
13. The training content was helpful to our organization for developing or revising internal protocols	1	2	3	4
14. The training content was helpful to our organization to expand our referral and resource networks.	1	2	3	4
15. The training was survivor-informed.	1	2	3	4
16. The training was trauma-informed.	1	2	3	4
17. The training was grounded in a multidisciplinary approach to addressing human trafficking	1	2	3	4
18. The training reflects a public health approach to addressing human trafficking.	1	2	3	4
LOGISTICS	Strongly Disagree	Disagree	Agree	Strongly Agree
19. NHTTAC was helpful in assisting our organization to incorporate SOAR into our Learning Management System.	1	2	3	4
20. The process for integrating the training into our organization's LMS was clearly explained.	1	2	3	4
21. The training format was a good fit for our organization.	1	2	3	4
22. The continuing education requirements were clearly explained.	1	2	3	4
23. The training content was appropriate for our organization.	1	2	3	4

24. Please rank order the modules from 1 (least relevant) to 7 (most relevant) that align with the training needs of your organization.

___Module 1: <Insert name>

___Module 2: <Insert name>

___Module 3: <Insert name>

___Module 4: <Insert name>

___Module 5: <Insert name>

___Module 6: <Insert name>

___Module 7: <Insert name>

25. Please rate the overall quality of this training.

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

26. Were there any technical problems? Yes No

If yes, were the technical issues with the: SOAR training content Organization's system

Other (please specify): _____

27. What additional resources could NHTTAC have provided to your organization to help facilitate the incorporation of this SOAR training?

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 or 9300 Lee Highway, Fairfax, VA 22031.

**SOAR ORGANIZATIONAL
LMS FEEDBACK FORM**



**OMB Control Number: 0970-XXXX
Expiration Date: XX/XX/XXXX**

28. Has your organization proposed or changed policies pertaining to victims of human trafficking since receiving the training?
 Yes No

If yes, what are the proposed or implemented policies?

29. In the past year, have you assisted other organizations with their policy changes for victims of human trafficking?
 Yes No

If yes, please explain.

30. What are other opportunities for policy and process change at your organization?

31. Would you recommend this SOAR online training to other organizations? Yes No

32. How frequently does your organization come into contact with a person who is currently being trafficked, at risk of trafficking, or has been trafficked?

1	2	3	4
<i>Never</i>	<i>Occasionally</i>	<i>Frequently</i>	<i>Daily</i>

33. Is your organization responsible for working with people who are currently being trafficked or have been trafficked?
 Yes No

34. Which of the following **best** describes your organization? (**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 | |

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 or 9300 Lee Highway, Fairfax, VA 22031.

**SOAR ORGANIZATIONAL
LMS FEEDBACK FORM**



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

OMB Control Number: 0970-XXXX
Expiration Date: XX/XX/XXXX

35. Which of the following **best** describes the types of services your organization provides? **(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) | |

36. Which of the following **best** describes your organization's 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 |

37. Please select any of the following populations your organization current works with in a professional capacity. **(Mark all that apply.)**

- | | |
|--|---|
| <input type="checkbox"/> Human trafficking <ul style="list-style-type: none"><input type="checkbox"/> Commercial sexual exploitation of children<input type="checkbox"/> Sex trafficking<ul style="list-style-type: none"><input type="checkbox"/> Adults<input type="checkbox"/> Minors<input type="checkbox"/> Labor trafficking<ul style="list-style-type: none"><input type="checkbox"/> Adults<input type="checkbox"/> Minors | <input type="checkbox"/> Foreign nationals (migrant workers, undocumented immigrants, refugees) |
| <input type="checkbox"/> Children/youth <ul style="list-style-type: none"><input type="checkbox"/> Out of home/Foster care/Kinship care<input type="checkbox"/> Juvenile justice<input type="checkbox"/> Runaway/Homeless youth | <input type="checkbox"/> People with low incomes |
| <input type="checkbox"/> People with disabilities | <input type="checkbox"/> Racial and ethnic minorities <ul style="list-style-type: none"><input type="checkbox"/> American Indian or Alaska Native<input type="checkbox"/> Asian<input type="checkbox"/> Black or African American<input type="checkbox"/> Native Hawaii or other Pacific Islander<input type="checkbox"/> White<input type="checkbox"/> Hispanic or Latino ethnicity |
| <input type="checkbox"/> Deaf/Hearing impaired | <input type="checkbox"/> History of substance use |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Intimate partner violence (e.g., dating, domestic violence) |
| <input type="checkbox"/> Lesbian, gay, bisexual, transgender, and questioning | <input type="checkbox"/> Gang-related crime |
| | <input type="checkbox"/> Sexual abuse/Violence |
| | <input type="checkbox"/> Other (please specify): _____ |

38. Do you have any comments or suggestions for future SOAR-related trainings?

Thank you for taking the time to complete this form and helping to improve SOAR 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 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 or 9300 Lee Highway, Fairfax, VA 22031.

**SURVIVOR FELLOWSHIP
FEEDBACK
Organization Protocol**



**NATIONAL HUMAN TRAFFICKING
TRAINING AND TECHNICAL
ASSISTANCE CENTER**

OMB Control Number: 0970-XXXX

Expiration Date: XX/XX/XXXX

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.

Please provide the information below to create an anonymous ID:

_____	_____	_____
Birth Month (insert just the month for your <i>date of birth</i> , example: 08 for August)	First letter of first name (example: S for Sara)	First letter of your middle name (example: M for Maria)

Please rate the extent to which to you agree or disagree that the fellowship has helped your organization achieve the following objectives.

FELLOWSHIP OBJECTIVES	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
1. The fellowship increased my organization’s knowledge about trauma-informed practices.	1	2	3	4	NA
2. The fellowship increased my organization’s skills and knowledge about survivor-informed practices.	1	2	3	4	NA
3. The fellowship increased the organization’s skills and knowledge about current evidence-based research and promising practices.	1	2	3	4	NA
4. The fellowship increased the organization’s skills and knowledge about a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA
5. The fellowship increased my organization’s skills and knowledge on a public health response to human trafficking.	1	2	3	4	NA
6. The fellowship met my professional needs.	1	2	3	4	NA
7. The fellowship met my educational needs.	1	2	3	4	NA
8. My organization remained engaged in the fellowship throughout its entirety.	1	2	3	4	NA
9. [insert objective here].	1	2	3	4	NA
10. [insert objective here].	1	2	3	4	NA

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 15 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.

**SURVIVOR FELLOWSHIP
FEEDBACK**
Organization Protocol



**NATIONAL HUMAN TRAFFICKING
TRAINING AND TECHNICAL
ASSISTANCE CENTER**

OMB Control Number: 0970-XXXX

Expiration Date: XX/XX/XXXX

11. How were you invited to participate in this fellowship?

12. Do you think NHTTAC should do anything differently when selecting organizations to participate in this fellowship?

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

ORGANIZATIONAL AUDIT	Strongly Disagree	Disagree	Agree	Strongly Agree
13. The fellow was accommodating and flexible to work with during the scheduling of the organizational audit.	1	2	3	4
14. My organization felt informed about the purposes of the organizational audit prior to it occurring.	1	2	3	4
15. The organizational audit helped identify gaps in my organization's ability to address human trafficking.	1	2	3	4
16. The fellow and representatives from my organization collaborated well during the organizational audit.	1	2	3	4
17. [insert objective].	1	2	3	4
18. [insert objective].	1	2	3	4
19. I would recommend keeping the organizational audit as part of future survivor fellowships.	1	2	3	4
ACTION PLAN	Strongly Disagree	Disagree	Agree	Strongly Agree
20. The action plan was developed collaboratively between my organization and the fellow.	1	2	3	4
21. The action plan we developed was adopted by senior leadership in my organization.	1	2	3	4
22. The action plan we developed defined clear roles and responsibilities.	1	2	3	4
23. The action plan we developed accounted for my organization's culture and structure.	1	2	3	4
24. The action steps we created were grounded in a multidisciplinary approach to addressing human trafficking.	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 15 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.

**SURVIVOR FELLOWSHIP
FEEDBACK
Organization Protocol**



**NATIONAL HUMAN TRAFFICKING
TRAINING AND TECHNICAL
ASSISTANCE CENTER**

OMB Control Number: 0970-XXXX

Expiration Date: XX/XX/XXXX

25. The action steps we created were grounded in a public health approach to addressing human trafficking.	1	2	3	4
26. The action plan accounts for complex and multiple traumas.	1	2	3	4
27. The action plan we created accounts for all types of trafficking.	1	2	3	4
28. The action plan we created includes action steps to address language and cultural barriers to serving at-risk populations or potential victims of human trafficking.	1	2	3	4
29. I recommend keeping the action plan development as part of future survivor fellowships.	1	2	3	4
CUSTOMIZED T/TA	Strongly Disagree	Disagree	Agree	Strongly Agree
30. The customized training and technical assistance (T/TA) provided by the fellow was well-organized.	1	2	3	4
31. The customized T/TA provided by the fellow was detailed and thorough.	1	2	3	4
32. There was adequate time provided for the fellow to conduct the customized T/TA to my organization.	1	2	3	4
33. There was adequate time provided for my organization to receive the customized T/TA.	1	2	3	4
34. The customized T/TA helped my organization implement best practices focused on trauma-informed care and survivor empowerment.	1	2	3	4
35. I would recommend keeping the customized T/TA as part of future survivor fellowships.	1	2	3	4

Please indicate the extent to which you agree or disagree with the following statements about your collaboration with the fellow:

FELLOW: _____	Strongly Disagree	Disagree	Agree	Strongly Agree
36. The fellow was easy to communicate with throughout fellowship activities.	1	2	3	4
37. The fellow was respectful throughout the process.	1	2	3	4
38. The fellow planned an appropriate amount of time to help make an actionable change at my organization.	1	2	3	4
39. The fellow responded in a helpful manner to my questions.	1	2	3	4
40. The fellow was helpful through remote communication.	1	2	3	4
41. The fellow created an open learning environment when they visited in-person.	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 15 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.



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

NHTTAC STAFF: _____	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
42. NHTTAC staff clearly articulated my organization's responsibilities in this fellowship.	1	2	3	4	NA
43. NHTTAC set clear expectations for what to expect during this fellowship.	1	2	3	4	NA
44. NHTTAC provided me with necessary resources and materials for this fellowship program.	1	2	3	4	NA
45. NHTTAC staff were detail-oriented and thorough in the planning of this fellowship.	1	2	3	4	NA
46. NHTTAC was responsive to my organization's questions and needs.	1	2	3	4	NA
47. NHTTAC provided my organization with additional information on a public health approach to human trafficking upon request.	1	2	3	4	NA
48. My organization is satisfied with the overall support provided by NHTTAC staff throughout the fellowship program.	1	2	3	4	NA

49. Is there anything additional NHTTAC could have done to support your organization during this fellowship?

50. Please rate the overall quality of this fellowship program.

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

51. Overall, how well did this fellowship meet your expectations?

1	2	3	4
<i>Far Below My Expectations</i>	<i>Did Not Meet My Expectations</i>	<i>Met My Expectations</i>	<i>Exceeded My Expectations</i>

52. How satisfied were you with the overall quality of the support you received from NHTTAC staff to help complete this fellowship?

1	2	3	4
<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>Satisfied</i>	<i>Very Satisfied</i>

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 15 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.

**SURVIVOR FELLOWSHIP
FEEDBACK**
Organization Protocol



**NATIONAL HUMAN TRAFFICKING
TRAINING AND TECHNICAL
ASSISTANCE CENTER**

OMB Control Number: 0970-XXXX

Expiration Date: XX/XX/XXXX

53. Would you recommend NHTTAC to others to receive T/TA? Yes No

54. What are three things your organization plans to do as a result of this fellowship?

55. Was the format of this fellowship conducive to improving best practices at your organization? Why or why not?

56. What aspects of the fellowship were most helpful and why?

57. What could NHTTAC do differently to improve similar fellowships in the future?

58. Do you have any other comments or suggestions?

59. As a result of participating in this fellowship program, does your organization plan to do any of the following? (**Mark all that apply.**)

- | | |
|--|--|
| <input type="checkbox"/> Change my management/leadership or interpersonal communication style | <input type="checkbox"/> Begin a new project or initiative |
| <input type="checkbox"/> Further develop skills and knowledge about serving people who are currently being trafficked, at risk of trafficking, or have been trafficked | <input type="checkbox"/> Develop/strengthen collaborative or strategic relationships |
| <input type="checkbox"/> Write grants/fundraise/identify 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 people who are currently being trafficked, at risk of trafficking, or have been trafficked |
| <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"/> Improve my own leadership or professional development skills | <input type="checkbox"/> Strengthen evaluation or needs assessment activities |
| | <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): _____ |

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 15 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.



60. 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 multi-disciplinary team |
| <input type="checkbox"/> Lack of frontline support and accountability | <input type="checkbox"/> Need for partnership building with other organizations |
| <input type="checkbox"/> Continuous turnover | <input type="checkbox"/> Variation in mission and regulatory frameworks when partnering with other organizations |
| <input type="checkbox"/> Shortages of key personnel | <input type="checkbox"/> Lack of information and/or data sharing among organizations |
| <input type="checkbox"/> Competing priorities | <input type="checkbox"/> Lack of time to implement changes |
| <input type="checkbox"/> Inaccessible research and/or information | <input type="checkbox"/> Lack of training for staff in how to implement change |
| <input type="checkbox"/> Lack of urgency | <input type="checkbox"/> Other (please explain): _____ |
| <input type="checkbox"/> Lack of shared responsibility across organizational collaboration | |
| <input type="checkbox"/> Lack of information sharing among organizations | |
| <input type="checkbox"/> Lack of time to implement changes | |

61. Which of the following **best** describes your organization? (**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 | |

62. Which of the following **best** describes the types of services your organization provides? (**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"/> Violence prevention (e.g., Child abuse and neglect; elder abuse; domestic violence, sexual violence, youth violence) |
| | <input type="checkbox"/> Other (please specify): _____ |

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

- Yes No

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 15 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.



64. Which of the following **best** describes your organization’s 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 |

65. Please select any of the following populations does your organization 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"/> Domestic and dating 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 | |

66. In your professional capacity, how frequently does your organization come into contact with a person who is currently being trafficked, at risk of trafficking, 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 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 15 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.