

**GENERAL CONFERENCE
FEEDBACK
Form**



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

OMB Control Number: 0970-0519

Expiration Date: 10/31/2021

12. The information presented in the conference was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA
13. The information provided in the conference reflected a public health approach to addressing human trafficking.	1	2	3	4	NA
14. The conference improved my ability to serve people at risk of or being trafficked.	1	2	3	4	NA
15. The meeting space and use of technology provided a good learning environment.	1	2	3	4	NA
16. I was satisfied with the overall conference facilities.	1	2	3	4	NA
17. The registration and logistics information were clear, helpful, and easily accessible.	1	2	3	4	NA
18. The format of the conference provided ample opportunity and encouragement for participants to interact meaningfully with each other.	1	2	3	4	NA
19. The conference staff was professional, helpful, and informative.	1	2	3	4	NA
20. The time allotted was adequate for the scope of material covered.	1	2	3	4	NA
21. The education materials provided for this conference were useful.	1	2	3	4	NA
22. I will share the information I learned at the conference with my colleagues.	1	2	3	4	NA
23. The conference increased my practical skills related to the topic(s).	1	2	3	4	NA
24. The conference met my professional needs.	1	2	3	4	NA
25. The conference met my educational needs.	1	2	3	4	NA
26. I will be able to apply what I learned in my work.	1	2	3	4	NA

Please select the number that best represents your rating for this conference for each of the following questions.

27. Please rate the overall quality of this conference.

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

28. How useful was the conference information to your work?

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

Paperwork Reduction Act Notice

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29. As a result of participating in this conference, 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 people who are currently being trafficked, at risk of trafficking, or have been trafficked
- Write grants/fundraise/identify new funding resources
- Advocate or meet with leadership of my organization to develop/enhance vision, mission, or strategic plan
- Advocate or meet with leadership of my organization to develop/enact policy changes at my organization
- Improve programs/practices
- Improve technology/websites/infrastructure
- Integrate victim-centered, survivor-informed strategies
- Expand services or types of services
- Begin a new project or initiative
- Develop/strengthen collaborative or strategic relationships
- Network with other participants
- Share materials with colleagues
- Provide information to clients/families/youth
- Train/educate others in content/skills learned
- Raise public awareness/advocacy/outreach activities offered to people who are currently being trafficked, at risk of trafficking, or have been trafficked
- Refer colleagues to NHTTAC events/resources
- Conduct research
- Strengthen evaluation or needs assessment activities
- Improve identification and reporting methods for trafficking
- Take additional training on human trafficking
- Other (please specify): _____

30. 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.)

- Lack of senior leadership support
- Lack of frontline support and accountability
- Continuous turnover
- Shortages of key personnel
- Competing priorities
- Inaccessible research and/or information
- Lack of urgency
- Lack of shared responsibility across organizational collaboration
- Difficulty in establishing and/or maintaining a multi-disciplinary team
- Need for partnership building with other organizations
- Variation in mission and regulatory frameworks when partnering with other organizations
- Lack of information and/or data sharing among organizations
- Lack of time to implement changes
- Lack of training for staff in how to implement change
- Other (please explain): _____

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

32. Please indicate any additional needs that you or your organization have that may be met with future TTA.

33. Which of the conference sessions were most useful and why?

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34. What could be done differently to improve the conference?

35. Do you have any other comments or suggestions?

36. 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 | |

37. 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) | |

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

- Yes No

39. 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

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40. 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

41. 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>All the Time</i>

42. 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

43. 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): _____

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

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