





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

<b>FACILITATOR 1: _____</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Not Applicable</b>
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
<b>FACILITATOR 2: _____</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Not Applicable</b>
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
<b>EVENT FEEDBACK</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Not Applicable</b>
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

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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.

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

34. How useful was this meeting to your work?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<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 being trafficked, or have been trafficked?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<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:*

<b>LOGISTICS</b>	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>Excellent</b>	<b>Not Applicable</b>
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

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43. Hotel accommodations (if applicable)	1	2	3	4	NA
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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"> <li><input type="checkbox"/> Change my management/leadership or interpersonal communication style</li> <li><input type="checkbox"/> Further develop skills and knowledge about serving people who are currently being trafficked, at risk of trafficking, or have been trafficked</li> <li><input type="checkbox"/> Write grants/fundraise/identify new funding resources</li> <li><input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enhance vision, mission, or strategic plan</li> <li><input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enact policy changes at my organization</li> <li><input type="checkbox"/> Improve programs/practices</li> <li><input type="checkbox"/> Improve technology/websites/infrastructure</li> <li><input type="checkbox"/> Integrate victim-centered, survivor-informed strategies</li> <li><input type="checkbox"/> Expand services or types of services</li> <li><input type="checkbox"/> Begin a new project or initiative</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Develop/strengthen collaborative or strategic relationships</li> <li><input type="checkbox"/> Network with other participants</li> <li><input type="checkbox"/> Share materials with colleagues</li> <li><input type="checkbox"/> Provide information to clients/families/youth</li> <li><input type="checkbox"/> Train/educate others in content/skills learned</li> <li><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</li> <li><input type="checkbox"/> Refer colleagues to NHTTAC events/resources</li> <li><input type="checkbox"/> Conduct research</li> <li><input type="checkbox"/> Strengthen evaluation or needs assessment activities</li> <li><input type="checkbox"/> Improve identification and reporting methods for trafficking</li> <li><input type="checkbox"/> Take additional training on human trafficking</li> <li><input type="checkbox"/> Other (please specify): _____</li> </ul> |
|---|--|

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

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?

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

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**OTIP GRANTEE  
FEEDBACK  
Form**



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

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

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

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50. Do you have any other comments or suggestions?

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

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