

**GENERAL TRAINING
PARTICIPANT
FEEDBACK
Form**



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

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.

TRAINING: _____
 DATE(S): _____
 CONSULTANT(S)/FACILITATOR(S): _____

PRETRAINING EVALUATION

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)

To what extent are you knowledgeable about:

	Not At All Knowledgeable	Somewhat Knowledgeable	Very Knowledgeable
1. <Insert learning objective>	1	2	3
2. <Insert learning objective>	1	2	3
3. <Insert learning objective>	1	2	3
4. <Insert learning objective>	1	2	3
5. <Insert learning objective>	1	2	3

How prepared are you to teach others about:

	Not At All Prepared	Somewhat Prepared	Well Prepared
6. <Insert learning objective>	1	2	3
7. <Insert learning objective>	1	2	3
8. <Insert learning objective>	1	2	3
9. <Insert learning objective>	1	2	3
10. <Insert learning objective>	1	2	3

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 2 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.



POSTTRAINING EVALUATION

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)

Please click the number that best represents how well this training met its stated objectives:

	Did Not Achieve This Objective	Somewhat Achieved This Objective	Achieved This Objective
1. <Insert learning objective>	1	2	3
2. <Insert learning objective>	1	2	3
3. <Insert learning objective>	1	2	3
4. <Insert learning objective>	1	2	3
5. <Insert learning objective>	1	2	3

6. Overall, how well did this training 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>

7. How useful was the training to your work?

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

8. Did you receive continuing education credits for completing this training? Yes No

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

FACILITATOR 1: _____	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
9. The knowledge and expertise of the facilitator were appropriate for the training.	1	2	3	4	NA
10. The facilitator presented the content clearly and logically.	1	2	3	4	NA

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11. The facilitator responded positively to questions and comments.	1	2	3	4	NA
12. The facilitator created a respectful environment for participants.	1	2	3	4	NA
13. The facilitator encouraged and initiated helpful discussions.	1	2	3	4	NA
FACILITATOR 2: _____	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
14. The knowledge and expertise of the facilitator were appropriate for the training.	1	2	3	4	NA
15. The facilitator presented the content clearly and logically.	1	2	3	4	NA
16. The facilitator responded positively to questions and comments.	1	2	3	4	NA
17. The facilitator created a respectful environment for the participants.	1	2	3	4	NA
18. The facilitator encouraged and initiated helpful discussions.	1	2	3	4	NA
TRAINING FEEDBACK	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
19. The format of the training contributed to a positive meeting environment.	1	2	3	4	NA
20. The format of the training made it easy to ask questions and collaborate with other participants.	1	2	3	4	NA
21. The training addressed the critical issues related to the topic(s).	1	2	3	4	NA
22. The training was organized and clear.	1	2	3	4	NA
23. The training increased my knowledge related to the topic(s).	1	2	3	4	NA
24. The training increased my practical skills related to the topic(s).	1	2	3	4	NA
25. The training was survivor informed.	1	2	3	4	NA
26. The training included current evidence-based or promising practices related to the topic(s).	1	2	3	4	NA
27. The training reflected a public health approach to addressing human trafficking.	1	2	3	4	NA
28. The training was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA
29. The training was trauma informed.	1	2	3	4	NA
30. I will be able to apply what I learned in my work.	1	2	3	4	NA
31. The training improved my ability to serve people who are being trafficked, at risk of trafficking, or have been trafficked.	1	2	3	4	NA
32. The meeting space and use of technology provided a good learning environment.	1	2	3	4	NA
33. The training met my educational needs.	1	2	3	4	NA
34. The training met my professional needs.	1	2	3	4	NA
35. I will share the information I learned at the training with my colleagues.	1	2	3	4	NA

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36. Please rate the overall quality of this training.

1	2	3	4
Poor	Fair	Good	Excellent

To what extent do you feel prepared to apply the following in your daily work:

	Not At All Prepared	Somewhat Prepared	Well Prepared
37. <Insert learning objective>	1	2	3
38. <Insert learning objective>	1	2	3
39. <Insert learning objective>	1	2	3
40. <Insert learning objective>	1	2	3
41. <Insert learning objective>	1	2	3

42. If you **do not** feel prepared to apply one or more of the objectives above, please briefly explain why:

43. What are the three most important things you learned during the training?

44. What could be done differently to improve the training?

45. As a result of participating in this session, do you 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"/> Integrate victim-centered, survivor-informed strategies |
| <input type="checkbox"/> Further develop skills and knowledge about serving victims of trafficking | <input type="checkbox"/> Expand services or types of services |
| <input type="checkbox"/> Write grants/fundraise/identify new funding resources | <input type="checkbox"/> Begin a new project or initiative |
| <input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enhance vision, mission, or strategic plan | <input type="checkbox"/> Develop/strengthen collaborative or strategic relationships |
| <input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enact policy changes at my organization | <input type="checkbox"/> Network with other participants |
| <input type="checkbox"/> Improve programs/practices | <input type="checkbox"/> Share materials with colleagues |
| <input type="checkbox"/> Improve technology/websites/infrastructure | <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 victims |
| | <input type="checkbox"/> Refer colleagues to NHTTAC events/resources |
| | <input type="checkbox"/> Conduct research |

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- Strengthen evaluation or needs assessment activities
- Improve identification and reporting methods for trafficking
- Take additional training on human trafficking
- Other (please specify): _____
46. 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
- Lack of time to implement changes
- Difficulty in establishing and/or maintaining a multidisciplinary team
- Variation in mission and regulatory frameworks when partnering with other organizations
- Lack of information and/or data sharing among organizations
- Lack of training for staff in how to implement change
- Other (please explain): _____
47. Would you recommend NHTTAC/SOAR to others for training? Yes No
48. Which of the following **best** describes the organization in which you work? (**Mark all that apply.**)
- Academic institution
- Anti-trafficking organization
- Business/for-profit organization
- Coalition/multidisciplinary team/task force
- Federal government
- Faith-based organization
- State/local government
- Nonprofit/community-based organization
- OTIP grantee
- Self-employed
- Survivor-led organization
- Tribal government
- Union/worker advocacy organization
- Victim service provider
- Other (please specify): _____
49. Is your organization responsible for working with people who are currently being trafficked or have been trafficked?
- Yes No
50. Which of the following **best** describes your professional capacity or types of services you provide? (**Mark all that apply.**)
- Behavioral health professional (e.g., psychologist, psychiatrist, mental health/substance use counselor)
- Child welfare (e.g., state agency staff, child welfare contractor, nonprofit personnel)
- Corrections-based services (e.g., parole, probation)
- Criminal justice (e.g., law enforcement, prosecutor, probation, court, forensic interviewer)
- Educator (e.g., teacher, professor, school administrator)
- Health care (e.g., physician, physician assistant, nurse practitioner, dentist, nurse, pharmacist)
- Housing (e.g., case worker, shelter director, public housing authority agencies)
- Legal (e.g., immigration, civil and/or rights-based attorney and/or paralegal, clinic)
- Public health (e.g., licensure board, health department staff, health care executive, community health workers)
- Social worker (e.g., case manager, school counselor, supervisor, administrator)
- Survivor empowerment, mentoring, or peer to peer

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- Violence prevention (e.g., child abuse and neglect; elder abuse; domestic violence, sexual violence, youth violence)
- Other (please specify): _____

51. 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

52. 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): _____

53. 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>

54. Which of the following **best** describes your geographic population? (**Mark all that apply.**)

- National Local
 State (please specify): _____ Urban
 Tribal Rural
 International (please specify country): _____ Suburban

55. Please select any of the following populations you currently work 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"/> 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 disabilities <ul style="list-style-type: none"> <input type="checkbox"/> Deaf/Hearing impaired <input type="checkbox"/> Elderly <input type="checkbox"/> Lesbian, gay, bisexual, transgender, and questioning | <input type="checkbox"/> Foreign nationals (migrant workers, undocumented immigrants, refugees) <ul style="list-style-type: none"> <input type="checkbox"/> People with low incomes <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"/> History of substance use <input type="checkbox"/> Intimate partner violence (e.g., dating, domestic violence) <input type="checkbox"/> Gang-related crime <input type="checkbox"/> Sexual abuse/Violence <input type="checkbox"/> Other (please specify): _____ |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

56. What is your race? (**Mark all that apply.**)

- American Indian or Alaska Native

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- Asian
- Black or African American
- Native Hawaii or other Pacific Islander
- White
- Other (please specify): _____

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

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

58. 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.

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