



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)/PRESENTER(S): _____
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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 indicate the extent to which you agree or disagree with the following statements:

OVERALL TRAINING	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
1. The training addressed the learning objectives clearly.	1	2	3	4	NA
2. The training addressed the critical issues related to the topic(s).	1	2	3	4	NA
3. The time allotted was adequate for the scope of material covered.	1	2	3	4	NA
4. The training was well organized and clear.	1	2	3	4	NA
5. The [material] [strategic planning] was appropriate for my level of experience and knowledge.	1	2	3	4	NA
6. The resource materials (handouts, audiovisuals, PowerPoints) enhanced the training.	1	2	3	4	NA
7. The training increased my knowledge related to the topic(s).	1	2	3	4	NA
8. The training increased my practical skills related to the topic(s).	1	2	3	4	NA
9. I will be able to apply what I learned in my work.	1	2	3	4	NA
10. The training improved my ability to identify people who are being trafficked, at-risk of trafficking, or have been trafficked.	1	2	3	4	NA
11. The training was survivor informed.	1	2	3	4	NA
12. The training provided sufficient opportunity to network with others in the field.	1	2	3	4	NA
13. The training was trauma informed.	1	2	3	4	NA
14. The training content was based on current evidence-based research or promising practices.	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 9 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.



15. The small group activities enhanced my experience.	1	2	3	4	NA
16. The training met my professional needs.	1	2	3	4	NA
17. The training met my educational needs.	1	2	3	4	NA
18. I am satisfied with the overall quality of the training.	1	2	3	4	NA
19. The training was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA

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

MODULE <X>: _____	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
20. As a result of this module, I can <insert learning objective>.	1	2	3	4	NA
21. As a result of this module, I can <insert learning objective>.	1	2	3	4	NA
22. As a result of this module, I can <insert learning objective>.	1	2	3	4	NA
23. As a result of this module, I can <insert learning objective>.	1	2	3	4	NA
24. The learning objectives for this module were stated clearly.	1	2	3	4	NA
MODULE <X>: _____	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
25. As a result of this module, I can <insert learning objective>.	1	2	3	4	NA
26. As a result of this module, I can <insert learning objective>.	1	2	3	4	NA
27. As a result of this module, I can <insert learning objective>.	1	2	3	4	NA
28. As a result of this module, I can <insert learning objective>.	1	2	3	4	NA
29. The learning objectives for this module were stated clearly.	1	2	3	4	NA

30. Please rate the overall quality of this training.

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

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

PRESENTER 1: _____	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
31. The presenter demonstrated a comprehensive knowledge of the subject.	1	2	3	4	NA
32. The presenter presented the content clearly and logically.	1	2	3	4	NA
33. The presenter responded positively to questions and comments.	1	2	3	4	NA
34. The presenter created a respectful environment for participants.	1	2	3	4	NA
PRESENTER 2: _____	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
35. The presenter demonstrated a comprehensive knowledge of the subject.	1	2	3	4	NA
36. The presenter presented the content clearly and logically.	1	2	3	4	NA
37. The presenter responded positively to questions and comments.	1	2	3	4	NA

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38. The presenter created a respectful environment for participants.	1	2	3	4	NA
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39. Did the training provide comprehensive coverage of the topic(s)? Please explain.

40. Was the content current and up-to-date? Please explain.

41. Was there anything you would change about the training content? Please explain.

42. Was there anything you would change about the resource materials (videos, handouts, PowerPoints, etc.)? Please explain.

43. Was there enough time for discussion and questions? Please explain.

44. What aspects of the training were most helpful, and why?

45. Is there any material, content, or activity you would recommend to not include in future trainings?

46. Are there specific resources you would recommend for inclusion in future trainings?

47. Do you have any other comments or suggestions?

48. 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 | |

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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.**)

- | | |
|---|---|
| <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) | |

51. In your professional capacity, how frequently do you come into contact with a person who is 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>

52. 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

53. 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): _____

54. 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 |

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 | <input type="checkbox"/> Minors |
| <input type="checkbox"/> Commercial sexual exploitation of children | <input type="checkbox"/> Children/youth |
| <input type="checkbox"/> Sex trafficking | <input type="checkbox"/> Out of home/Foster care/Kinship care |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Juvenile justice |
| <input type="checkbox"/> Minors | <input type="checkbox"/> Runaway/Homeless youth |
| <input type="checkbox"/> Labor trafficking | <input type="checkbox"/> People with disabilities |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Deaf/Hearing impaired |
| | <input type="checkbox"/> Elderly |

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- 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
- Intimate partner violence (e.g., dating, domestic violence)
- Gang-related crime
- Sexual abuse/Violence
- Other (please specify): _____

56. 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): _____

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/SOAR activities.

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