

**SOAR CONFERENCE  
TRAINING FEEDBACK**

*Form*



**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](mailto:NHTTACEval@icf.com).*

CONFERENCE: _____	TRAINING: _____
DATE(S): _____	
PRESENTER(S): _____	

**PRE-TRAINING QUESTIONS:**

Please provide the information below to create an anonymous ID:

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

[Note: Not all objectives listed below will be included in the evaluation form. Specific objectives will be selected from this list and tailored to each training.]

***Please rate your level of confidence in your ability to:***

Overall Objectives	Very Low	Low	High	Very High
1. <Insert learning objective>	1	2	3	4
2. <Insert learning objective>	1	2	3	4
3. <Insert learning objective>	1	2	3	4
4. <Insert learning objective>	1	2	3	4
5. <Insert learning objective>	1	2	3	4
STOP Objectives	Very Low	Low	High	Very High
6. <Insert learning objective>	1	2	3	4
7. <Insert learning objective>	1	2	3	4
8. <Insert learning objective>	1	2	3	4
9. <Insert learning objective>	1	2	3	4
10. <Insert learning objective>	1	2	3	4
11. <Insert learning objective>	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 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](mailto:NHTTACEval@icf.com) or 9300 Lee Highway, Fairfax, VA 22031.*



<b>OBSERVE Objectives</b>	<b>Very Low</b>	<b>Low</b>	<b>High</b>	<b>Very High</b>
12. <Insert learning objective>	1	2	3	4
13. <Insert learning objective>	1	2	3	4
14. <Insert learning objective>	1	2	3	4
<b>ASK Objectives</b>	<b>Very Low</b>	<b>Low</b>	<b>High</b>	<b>Very High</b>
15. <Insert learning objective>	1	2	3	4
16. <Insert learning objective>	1	2	3	4
17. <Insert learning objective>	1	2	3	4
<b>RESPOND Objectives</b>	<b>Very Low</b>	<b>Low</b>	<b>High</b>	<b>Very High</b>
18. <Insert learning objective>	1	2	3	4
19. <Insert learning objective>	1	2	3	4
20. <Insert learning objective>	1	2	3	4
21. <Insert learning objective>	1	2	3	4
22. <Insert learning objective>	1	2	3	4
23. <Insert learning objective>	1	2	3	4

24. 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?

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

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**POST-TRAINING QUESTIONS:**

Please provide the information below to create an anonymous ID:

\_\_\_\_\_

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

[Note: Objectives selected for the post-training will mirror the objectives selected for the pre-training.]

*Please rate your level of confidence in your ability to:*

Overall Objectives	Very Low	Low	High	Very High
1. <Insert learning objective>	1	2	3	4
2. <Insert learning objective>	1	2	3	4
3. <Insert learning objective>	1	2	3	4
4. <Insert learning objective>	1	2	3	4
5. <Insert learning objective>	1	2	3	4
STOP Objectives	Very Low	Low	High	Very High
6. <Insert learning objective>	1	2	3	4
7. <Insert learning objective>	1	2	3	4
8. <Insert learning objective>	1	2	3	4
9. <Insert learning objective>	1	2	3	4
10. <Insert learning objective>	1	2	3	4
11. <Insert learning objective>	1	2	3	4
OBSERVE Objectives	Very Low	Low	High	Very High
12. <Insert learning objective>	1	2	3	4
13. <Insert learning objective>	1	2	3	4
14. <Insert learning objective>	1	2	3	4
ASK Objectives	Very Low	Low	High	Very High
15. <Insert learning objective>	1	2	3	4
16. <Insert learning objective>	1	2	3	4
17. <Insert learning objective>	1	2	3	4
RESPOND Objectives	Very Low	Low	High	Very High

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18. <Insert learning objective>	1	2	3	4
19. <Insert learning objective>	1	2	3	4
20. <Insert learning objective>	1	2	3	4
21. <Insert learning objective>	1	2	3	4
22. <Insert learning objective>	1	2	3	4
23. <Insert learning objective>	1	2	3	4

24. Are you applying for continuing education credits for completing this training?  Yes  No

If yes, provide your first and last name and email address:

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

<b>Presenter 1: _____</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
25. The presenter's knowledge and expertise were appropriate for this session.	1	2	3	4
26. The presenter delivered the content of the session effectively.	1	2	3	4
27. The presenter responded positively to questions and comments.	1	2	3	4
28. The presenter created a respectful environment for participants.	1	2	3	4
<b>Presenter 1: _____</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
29. The presenter's knowledge and expertise were appropriate for this session.	1	2	3	4
30. The presenter delivered the content of the session effectively.	1	2	3	4
31. The presenter responded positively to questions and comments.	1	2	3	4
32. The presenter created a respectful environment for participants.	1	2	3	4
<b>Conference Session Feedback</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
33. I am confident that I will be able to use the knowledge and skills I learned during the SOAR training when I return to my job.	1	2	3	4
34. The training met my educational needs.	1	2	3	4
35. The training met my professional needs.	1	2	3	4
36. The educational materials provided during this training were useful.	1	2	3	4
37. The activity provided appropriate and effective opportunities for active learning (case studies, discussion, Q&A, etc.).	1	2	3	4

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38. The training was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4
39. The training reflected a public health approach to addressing human trafficking.	1	2	3	4
40. I learned a great deal as a result of this training.	1	2	3	4
41. The training was survivor informed.	1	2	3	4
42. The training was trauma informed.	1	2	3	4
43. The training was based on current evidence-based research or promising practices.	1	2	3	4
44. The pace of this workshop was appropriate.	1	2	3	4
45. The workshop was a good way for me to learn the content.	1	2	3	4

46. Please rate the overall quality of this training.

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

47. As a result of participating in this training, 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"/> Begin a new project or initiative                                      |
| <input type="checkbox"/> Further develop skills and knowledge about serving victims of trafficking                                 | <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 victims |
| <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"/> 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): _____  |

48. 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"/> Competing priorities                     |
| <input type="checkbox"/> Lack of frontline support and accountability | <input type="checkbox"/> Inaccessible research and/or information |
| <input type="checkbox"/> Continuous turnover                          | <input type="checkbox"/> Lack of urgency                          |
| <input type="checkbox"/> Shortages of key personnel                   |   |

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- Lack of shared responsibility across organizational collaboration
- 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 time to implement changes
- Lack of training for staff in how to implement change
- Other (please explain): \_\_\_\_\_

49. Would you recommend SOAR training to others?  Yes  No

50. 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): \_\_\_\_\_

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

- Yes  No

52. 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
- Violence prevention (e.g., child abuse and neglect, elder abuse, domestic violence, sexual violence, youth violence)
- 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?

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

54. 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

55. 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): \_\_\_\_\_

56. 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): \_\_\_\_\_  
\_\_\_\_\_

57. 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"/> 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"/> Intimate partner violence (e.g., dating, domestic 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 |   |

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

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

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