

**SOAR ORGANIZATIONAL
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.

Agency: _____

1. Which of the following **best** describes the reason your organization incorporated SOAR training into its learning management system (LMS)? **(Mark one.)**

- To better provide services to victims/at-risk populations
- For use in program development/operations
- For education/community outreach
- To train staff/faculty/victim service providers
- To address a training mandate
- Other (please specify): _____

2. In the past year, approximately how many employees at your organization took the SOAR training? _____

3. In the past year, approximately how many employees worked at your organization? _____

4. How was the LMS training disseminated in the organization? Optional Mandatory

5. Was it required for nonmanagement personnel? Yes No

6. Was it required for management? Yes No

7. Does your organization have a current policy for when a person who is currently being trafficked, at risk of being trafficked, or has been trafficked receives services about:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Screening | <input type="checkbox"/> <Insert content> |
| <input type="checkbox"/> Referrals | <input type="checkbox"/> <Insert content> |
| <input type="checkbox"/> Reporting | <input type="checkbox"/> <Insert content> |

8. In the past year, have you changed your policies for when a person who is currently being trafficked, at risk of being trafficked, or has been trafficked receives services about:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Screening | <input type="checkbox"/> <Insert content> |
| <input type="checkbox"/> Referrals | <input type="checkbox"/> <Insert content> |
| <input type="checkbox"/> Reporting | <input type="checkbox"/> <Insert content> |

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

CONTENT	Strongly Disagree	Disagree	Agree	Strongly Agree
9. The training content was applicable to our organization.	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 8 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.

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10. The training content helped our organization improve its efforts to prevent human trafficking.	1	2	3	4
11. The training content helped our organization improve its efforts to identify human trafficking.	1	2	3	4
12. The training content helped our organization improve its efforts to respond to human trafficking.	1	2	3	4
13. The training content was helpful to our organization for developing or revising internal protocols	1	2	3	4
14. The training content was helpful to our organization to expand our referral and resource networks.	1	2	3	4
15. The training was survivor-informed.	1	2	3	4
16. The training was trauma-informed.	1	2	3	4
17. The training was grounded in a multidisciplinary approach to addressing human trafficking	1	2	3	4
18. The training reflects a public health approach to addressing human trafficking.	1	2	3	4
LOGISTICS	Strongly Disagree	Disagree	Agree	Strongly Agree
19. NHTTAC was helpful in assisting our organization to incorporate SOAR into our Learning Management System.	1	2	3	4
20. The process for integrating the training into our organization's LMS was clearly explained.	1	2	3	4
21. The training format was a good fit for our organization.	1	2	3	4
22. The continuing education requirements were clearly explained.	1	2	3	4
23. The training content was appropriate for our organization.	1	2	3	4

24. Please rank order the modules from 1 (least relevant) to 7 (most relevant) that align with the training needs of your organization.

___Module 1: <Insert name>
___Module 2: <Insert name>
___Module 3: <Insert name>

___Module 4: <Insert name>
___Module 5: <Insert name>
___Module 6: <Insert name>
___Module 7: <Insert name>

25. Please rate the overall quality of this training.

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

26. Were there any technical problems? Yes No

If yes, were the technical issues with the: SOAR training content Organization's system
 Other (please specify): _____

27. What additional resources could NHTTAC have provided to your organization to help facilitate the incorporation of this SOAR training?

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28. Has your organization proposed or changed policies pertaining to victims of human trafficking since receiving the training?
 Yes No

If yes, what are the proposed or implemented policies?

29. In the past year, have you assisted other organizations with their policy changes for victims of human trafficking?
 Yes No

If yes, please explain.

30. What are other opportunities for policy and process change at your organization?

31. Would you recommend this SOAR online training to other organizations? Yes No

32. How frequently does your organization 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>

33. Is your organization responsible for working with people who are currently being trafficked or have been trafficked?
 Yes No

34. Which of the following **best** describes your organization? (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/local government | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Nonprofit/community-based organization | |

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35. Which of the following **best** describes the types of services your organization provides? **(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) | |

36. Which of the following **best** describes your organization's 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 |

37. Please select any of the following populations your organization current works 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"/> Foreign nationals (migrant workers, undocumented immigrants, refugees) |
| <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 low incomes |
| <input type="checkbox"/> People with disabilities | <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"/> Deaf/Hearing impaired | <input type="checkbox"/> History of substance use |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Intimate partner violence (e.g., dating, domestic violence) |
| <input type="checkbox"/> Lesbian, gay, bisexual, transgender, and questioning | <input type="checkbox"/> Gang-related crime |
| | <input type="checkbox"/> Sexual abuse/Violence |
| | <input type="checkbox"/> Other (please specify): _____ |

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

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

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