

**CONFERENCE SESSION  
FEEDBACK  
Form**



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

OMB Control Number: 0970-0519

Expiration Date: 05/31/2020

*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 [NHTTAC@icf.com](mailto:NHTTAC@icf.com).*

CONFERENCE: _____ SESSION: _____ DATE(S): _____ PRESENTER(S): _____
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**Please provide the information below to create an anonymous ID:**

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

*Please rate how well the session met each of its stated objectives.*

OVERALL OBJECTIVES	Poor	Satisfactory	Good	Excellent	Not Applicable
1. [Insert objective 1].	1	2	3	4	NA
2. [Insert objective 2].	1	2	3	4	NA
3. [Insert objective 3].	1	2	3	4	NA
4. [Insert objective 4].	1	2	3	4	NA
5. [Insert objective 5].	1	2	3	4	NA

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

PRESENTER/FACILITATOR 1: _____	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
6. The presenter's knowledge and expertise were appropriate for this session.	1	2	3	4	NA
7. The presenter delivered the content of the session clearly and logically.	1	2	3	4	NA
8. The presenter responded positively to questions and comments.	1	2	3	4	NA

**PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN:** The purpose of this information collection is to enable NHTTAC to collect recipient and stakeholder feedback to improve NHTTAC's T/TA service delivery. Public reporting burden for this collection of information is estimated to average 0.167 hours per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information, please contact the NHTTAC Evaluation Team at [NHTTACEval@icf.com](mailto:NHTTACEval@icf.com) or 9300 Lee Highway, Fairfax, VA 22031.

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9. The presenter created a respectful environment for participants.	1	2	3	4	NA
10. The presenter encouraged and initiated helpful discussions.	1	2	3	4	NA

<b>PRESENTER/FACILITATOR 2: _____</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Not Applicable</b>
11. The presenter's knowledge and expertise were appropriate for this session.	1	2	3	4	NA
12. The presenter delivered the content of the session clearly and logically.	1	2	3	4	NA
13. The presenter responded positively to questions and comments.	1	2	3	4	NA
14. The presenter created a respectful environment for participants.	1	2	3	4	NA
15. The presenter encouraged and initiated helpful discussions.	1	2	3	4	NA
<b>CONFERENCE SESSION FEEDBACK</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Not Applicable</b>
16. The session addressed the critical issues related to the topic(s).	1	2	3	4	NA
17. The session was well organized and clear.	1	2	3	4	NA
18. The session increased my knowledge related to the topic(s).	1	2	3	4	NA
19. The information presented in the session was grounded in current evidence-based research or promising practices.	1	2	3	4	NA
20. The information presented in the session was trauma-informed.	1	2	3	4	NA
21. The information presented in the session was survivor-informed.	1	2	3	4	NA
22. The information presented in the session was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA
23. The information provided in the session reflected a public health approach to addressing human trafficking.	1	2	3	4	NA
24. The session improved my ability to serve people who are currently being trafficked, at risk of trafficking, or have been trafficked.	1	2	3	4	NA
25. The meeting space and use of technology provided a good learning environment.	1	2	3	4	NA
26. The time allotted was adequate for the scope of material covered.	1	2	3	4	NA
27. The education materials provided for this session were useful.	1	2	3	4	NA

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28. I will share the information I learned at the session with my colleagues.	1	2	3	4	NA
29. The session increased my practical skills related to the topic(s).	1	2	3	4	NA
30. The session met my professional needs.	1	2	3	4	NA
31. The session met my educational needs.	1	2	3	4	NA
32. I will be able to apply what I learned in my work.	1	2	3	4	NA

*Please click the number that best represents your rating for this session for each of the following questions.*

33. Please rate the overall quality of this session.

<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 the session information 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. 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"/> Develop/strengthen collaborative or strategic relationships                                                                                               |
| <input type="checkbox"/> Further develop skills and knowledge about serving people who are currently being trafficked, at risk of trafficking, or have been trafficked | <input type="checkbox"/> Network with other participants                                                                                                                           |
| <input type="checkbox"/> Write grants/fundraise/identify new funding resources                                                                                         | <input type="checkbox"/> Share materials with colleagues                                                                                                                           |
| <input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enhance vision, mission, or strategic plan                                     | <input type="checkbox"/> Provide information to clients/families/youth                                                                                                             |
| <input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enact policy changes at my organization                                        | <input type="checkbox"/> Train/educate others in content/skills learned                                                                                                            |
| <input type="checkbox"/> Improve programs/practices                                                                                                                    | <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 |
| <input type="checkbox"/> Improve technology/websites/infrastructure                                                                                                    | <input type="checkbox"/> Refer colleagues to NHTTAC events/resources                                                                                                               |
| <input type="checkbox"/> Integrate victim-centered, survivor-informed strategies                                                                                       | <input type="checkbox"/> Conduct research                                                                                                                                          |
| <input type="checkbox"/> Expand services or types of services                                                                                                          | <input type="checkbox"/> Strengthen evaluation or needs assessment activities                                                                                                      |
| <input type="checkbox"/> Begin a new project or initiative                                                                                                             | <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): _____                                                                                                                             |

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36. 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"/> Need for partnership building with other organizations                                  |
| <input type="checkbox"/> Lack of frontline support and accountability                            | <input type="checkbox"/> Variation in mission and regulatory frameworks when partnering with other organizations |
| <input type="checkbox"/> Continuous turnover                                                     | <input type="checkbox"/> Lack of information and/or data sharing among organizations                             |
| <input type="checkbox"/> Shortages of key personnel                                              | <input type="checkbox"/> Lack of time to implement changes                                                       |
| <input type="checkbox"/> Competing priorities                                                    | <input type="checkbox"/> Lack of training for staff in how to implement change                                   |
| <input type="checkbox"/> Inaccessible research and/or information                                | <input type="checkbox"/> Other (please explain):                                                                 |
| <input type="checkbox"/> Lack of urgency                                                         |                                                                                                                  |
| <input type="checkbox"/> Lack of shared responsibility across organizational collaboration       |                                                                                                                  |
| <input type="checkbox"/> Difficulty in establishing and/or maintaining a multi-disciplinary team |                                                                                                                  |

37. Would you recommend NHTTAC to others for T/TA?  Yes  No

38. What aspects of the session were most helpful and why?

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39. What could be done differently to improve the session?

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40. Do you have any other comments or suggestions?

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41. 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      |                                                             |



42. 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"/> Professional capacity/types of services, continued                                                       | <input type="checkbox"/> Other (please specify):                                                                                              |
| <input type="checkbox"/> Health care (e.g., physician, physician assistant, nurse practitioner, dentist, nurse, pharmacist)       |                                                                                                                                               |
| <input type="checkbox"/> Housing (e.g., case worker, shelter director, public housing authority agencies)                         |                                                                                                                                               |

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

- Yes     No

44. Which of the following **best** describes the number of years of experience you have in your current field of work? (**Mark one.**)

- Less than 3 years       3 to 5 years       6 to 10 years       More than 10 years

45. Which of the following **best** describes your primary role in your current position?

- |                                                          |                                             |                                         |
|----------------------------------------------------------|---------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Direct delivery/frontline staff | <input type="checkbox"/> Consultant/Trainer | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Management                      | <input type="checkbox"/> Volunteer          | <input type="checkbox"/> Peer Educator  |
| <input type="checkbox"/> Other (please specify): _____   |                                             |                                         |

46. 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?

1	2	3	4
<i>Never</i>	<i>Occasionally</i>	<i>Frequently</i>	<i>All the Time</i>

47. 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 |



48. Please select any of the following populations you currently work with in a professional capacity (**Mark all that apply.**)

- Human trafficking
  - Commercial sexual exploitation of children
  - Sex trafficking
    - ┆ Adults
    - ┆ Minors
  - Labor trafficking
    - ┆ Adults
    - ┆ Minors
- Children/youth
  - Out of home/Foster care/Kinship care
  - Juvenile justice
  - Runaway/Homeless youth
- People with disabilities
- Deaf/Hearing impaired
- Elderly
- 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
- Domestic and dating violence
- Gang-related crime
- Sexual abuse/Violence
- Other (Please specify): \_\_\_\_\_

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