

**SPECIALIZED TRAINING
AND TECHNICAL
ASSISTANCE 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 NHTTACEval@icf.com.

Please provide the information below to create an anonymous ID:

Birth Month
(insert just the month
for your *date of birth*,
example: 08 for August)

First letter of first name
(example: S for Sara)

First letter of your middle name
(example: M for Maria)

T/TA: _____	DATE(S): _____
CONSULTANT FACILITATOR(S): _____	
NHTTAC COORDINATOR: _____	

Please indicate how well the training met each stated objective.

OVERALL OBJECTIVES	Poor	Fair	Good	Excellent
1. [Insert objective 1].	1	2	3	4
2. [Insert objective 2].	1	2	3	4
3. [Insert objective 3].	1	2	3	4
4. [Insert objective 4].	1	2	3	4
5. [Insert objective 5].	1	2	3	4

6. Please list any other professional goals you have achieved through this T/TA.

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 0.25 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 or 9300 Lee Highway, Fairfax, VA 22031.



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

FACILITATOR 1: _____	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
7. The facilitator demonstrated a comprehensive knowledge of the subject.	1	2	3	4	NA
8. The facilitator clearly and logically presented the content.	1	2	3	4	NA
9. The facilitator responded well to questions and comments.	1	2	3	4	NA
10. The facilitator created a respectful environment for participants.	1	2	3	4	NA
11. The facilitator encouraged and initiated helpful discussions.	1	2	3	4	NA
FACILITATOR 2: _____	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
12. The facilitator demonstrated a comprehensive knowledge of the subject.	1	2	3	4	NA
13. The facilitator clearly and logically presented the content.	1	2	3	4	NA
14. The facilitator responded well to questions and comments.	1	2	3	4	NA
15. The facilitator created a respectful environment for participants.	1	2	3	4	NA
16. The facilitator encouraged and initiated helpful discussions.	1	2	3	4	NA
OVERALL FEEDBACK	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
17. The T/TA reflected a public health approach to addressing human trafficking.	1	2	3	4	NA
18. The T/TA helped me identify potential language and cultural barriers my organization might face in responding to human trafficking.	1	2	3	4	NA
19. The T/TA was trauma informed.	1	2	3	4	NA
20. The T/TA was survivor informed.	1	2	3	4	NA
21. The T/TA was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA
22. The T/TA included evidence-based research or promising practices.	1	2	3	4	NA
23. The T/TA will positively impact my organization's response to human trafficking.	1	2	3	4	NA
24. This T/TA met my educational needs.	1	2	3	4	NA
25. This T/TA met my professional needs.	1	2	3	4	NA
26. This T/TA changed [my/my organization's] attitudes on trauma-informed approaches to addressing trafficking	1	2	3	4	NA
27. This T/TA increased my professional networking or peer support	1	2	3	4	NA
28. This T/TA increased knowledge to inform a human trafficking public health response.	1	2	3	4	NA

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T/TA ACTIVITY: _____	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
29. [insert T/TA activity objective].	1	2	3	4	NA
30. [insert T/TA activity objective].	1	2	3	4	NA
31. [insert T/TA activity objective].	1	2	3	4	NA
32. [insert T/TA activity objective].	1	2	3	4	NA
33. [insert T/TA activity objective].	1	2	3	4	NA
34. [insert T/TA activity objective].	1	2	3	4	NA
35. [insert T/TA activity objective].	1	2	3	4	NA
36. [insert T/TA activity objective].	1	2	3	4	NA
37. [insert T/TA activity objective]	1	2	3	4	NA
38. [insert T/TA activity objective].	1	2	3	4	NA
PLANNING	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
39. NHTTAC was responsive to my questions and needs.	1	2	3	4	NA
40. NHTTAC was effective in identifying an appropriate grantee to help with our request.	1	2	3	4	NA
41. NHTTAC staff was detail-oriented and thorough in the planning of this T/TA.	1	2	3	4	NA
42. NHTTAC was timely throughout the planning process.	1	2	3	4	NA
43. The planning for this T/TA was well coordinated.	1	2	3	4	NA

44. Please rate the overall quality of this T/TA.

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

45. How satisfied were you with your overall NHTTAC experience?

1	2	3	4
<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>Satisfied</i>	<i>Very Satisfied</i>

46. How well did this assistance 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>

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47. How responsive was NHTTAC to your needs following the T/TA?

1	2	3	4
<i>Completely Unresponsive</i>	<i>Unresponsive</i>	<i>Responsive</i>	<i>Very Responsive</i>

48. Would you recommend NHTTAC to others to receive T/TA? Yes No

49. What are three things you plan to do as a result of this T/TA?

50. Following this T/TA, how prepared do you feel to take steps toward addressing human trafficking in your organization?

1	2	3	4
<i>Not At All Prepared</i>	<i>Somewhat Prepared</i>	<i>Mostly Prepared</i>	<i>Completely Prepared</i>

51. What could NHTTAC do in the future to enhance your level of preparedness during this type of T/TA?

52. What could NHTTAC do in the future to enhance your level of preparedness following this type of T/TA?

53. What aspects of the T/TA were most helpful and why?

54. What could NHTTAC do differently to improve similar T/TA requests in the future?

55. Do you have any other comments or suggestions?



56. 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 | |

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

- Yes No

58. Which of the following **best** describes your professional capacity or types of services you provide? **(Mark all that apply.)**

- | | |
|--|--|
| <input checked="" type="checkbox"/> Behavioral health professional (e.g., psychologist, psychiatrist, mental health/substance use counselor) | <input checked="" type="checkbox"/> Legal (e.g., immigration, civil and/or rights-based attorney and/or paralegal, clinic) |
| <input checked="" type="checkbox"/> Child welfare (e.g., state agency staff, child welfare contractor, nonprofit personnel) | <input checked="" type="checkbox"/> Public health (e.g., licensure board, health department staff, health care executive, community health workers) |
| <input checked="" type="checkbox"/> Corrections-based services (e.g., parole, probation) | <input checked="" type="checkbox"/> Social worker (e.g., case manager, school counselor, supervisor, administrator) |
| <input checked="" type="checkbox"/> Criminal justice (e.g., law enforcement, prosecutor, probation, court, forensic interviewer) | <input checked="" type="checkbox"/> Survivor empowerment, mentoring, or peer to peer |
| <input checked="" type="checkbox"/> Educator (e.g., teacher, professor, school administrator) | <input checked="" type="checkbox"/> Violence prevention (e.g., Child abuse and neglect; elder abuse; domestic violence, sexual violence, youth violence) |
| <input checked="" type="checkbox"/> Health care (e.g., physician, physician assistant, nurse practitioner, dentist, nurse, pharmacist) | <input checked="" type="checkbox"/> Other (please specify): _____ |
| <input checked="" type="checkbox"/> Housing (e.g., case worker, shelter director, public housing authority agencies) | |

59. 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

60. 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"/> Other (please specify): _____ | <input type="checkbox"/> Peer Educator | |



61. In your professional capacity, how frequently do you come into contact with a person who is currently being trafficked, at risk of trafficking, or has been trafficked?

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

62. 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 |

63. 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"/> Lesbian, gay, bisexual, transgender, and questioning |
| <input type="checkbox"/> Commercial sexual exploitation of children | <input type="checkbox"/> Foreign nationals (migrant workers, undocumented immigrants, refugees) |
| <input type="checkbox"/> Sex trafficking | <input type="checkbox"/> People with low incomes |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Racial and ethnic minorities |
| <input type="checkbox"/> Minors | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Labor trafficking | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Minors | <input type="checkbox"/> Native Hawaii or other Pacific Islander |
| <input type="checkbox"/> Children/youth | <input type="checkbox"/> White |
| <input type="checkbox"/> Out of home/Foster care/Kinship care | <input type="checkbox"/> Hispanic or Latino ethnicity |
| <input type="checkbox"/> Juvenile justice | <input type="checkbox"/> History of substance use |
| <input type="checkbox"/> Runaway/Homeless youth | <input type="checkbox"/> Domestic and dating violence |
| <input type="checkbox"/> People with disabilities | <input type="checkbox"/> Gang-related crime |
| <input type="checkbox"/> Deaf/Hearing impaired | <input type="checkbox"/> Sexual abuse/Violence |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Other (Please specify): _____ |

64. 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): _____

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

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

66. 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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