

WEBSITE FEEDBACK
Form



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

OMB Control Number: 0970-0519
Expiration Date: 05/31/2020

Thank you for visiting the National Human Trafficking Training and Technical Assistance Center (NHTTAC) website: <https://www.acf.hhs.gov/otip/training/nhttac>. In order to help 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)

1. How did you find out about the NHTTAC website? **(Mark all that apply.)**

- An exhibit or presentation at a conference
- A link from another website/Searching the Internet
- A professor
- My OTIP Program Monitor or other OTIP staff person
- The NHTTAC Call Center
- A colleague or friend
- A publication or newsletter
- Other (please specify): _____

2. What was the goal of your visit today? **(Mark all that apply.)**

- Learn about training or technical assistance opportunities
- Request/apply for training or technical assistance
- Learn about SOAR trainings
- Request/apply for SOAR trainings
- Learn/apply for Professional Development Scholarship
- Learn about/apply for Organization Scholarship
- Learn about the National Advisory Committee
- Learn more about survivor fellowship programs
- Participate in one of the learning communities
- Learn about NHTTAC
- Learn more about OTIP grantees
- Request downloadable resources
- Obtain contact information
- Sign up for the listserv
- Other (please specify): _____

3. Approximately how many times have you used/visited this site in the past year? **(Mark one.)**

- This is my first time
- Daily
- Weekly
- Monthly
- A few times per year

4. Were you familiar with NHTTAC before today's visit?

- Yes
- No

5. Please rate the overall quality of the NHTTAC website.

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

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 0.083 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.



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

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

OVERALL ASSISTANCE	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
7. It is easy to find the information I need on this site.	1	2	3	4	NA
8. The website is user-friendly and I am able to navigate through it with ease.	1	2	3	4	NA
9. The information on this site met my goals/needs.	1	2	3	4	NA
10. I am satisfied with the content of the site.	1	2	3	4	NA
11. The information on the site is trauma-informed.	1	2	3	4	NA
12. The information on the site is survivor-informed.	1	2	3	4	NA
13. The information on the site is grounded in current evidence-based research or promising practices.	1	2	3	4	NA
14. The information on the site is grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA
15. The information on the site reflects a public health approach to addressing human trafficking.	1	2	3	4	NA
16. I am satisfied with the appearance of the site.	1	2	3	4	NA
17. I will return to this site for my training and technical assistance needs.	1	2	3	4	NA
18. I will recommend this site to others.	1	2	3	4	NA

19. What aspects of the website were most helpful, and why?

20. What could be done differently to improve the website?

21. 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>

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

Yes No

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23. 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 | |

24. 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) | |

25. 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

26. 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): _____ | | |

27. 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 |



28. 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.